

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. XXV.

VOL. I.

NEW SERIES. NEW YORK: SATURDAY, DECEMBER 22, 1860.

Mail Subscribers, \$5 per Ann.
City and Canadian, \$3 50
Single Numbers, 10 cents.

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THE enamel of the teeth is subject to several anomalies. It may be either defective or discolored. Its defective formation appears either in excavations dispersed over the surface of the tooth, or there are complete furrows or transversal notches around the crown of the tooth, the body being still covered with, or entirely deprived of enamel. This atrophy is the result of those severe diseases which the child may have been suffering from during the development of the enamel. Acute exanthems are said to produce the dispersed excavations; acute inflammatory diseases the furrows; and rachitis has often been observed to be the cause of the entire absence of the enamel. The incisors of rachitic children are usually small, appear late, and are very liable to become carious. Acute exanthems are counted among the causes of this anomaly, especially by such writers as classify the teeth with the dermal tissue. Small-pox is related to produce isolated excavations which have a great similarity to the cicatrices remaining after small-pox. To vaccination also some have attributed the defective development of the enamel. Such children as were vaccinated before any tooth appeared, or after their complete development, had finer teeth than those who were vaccinated during their protraction and growth.

According to Prof. Nessel, the age can be determined in which a child was affected with a severe disease, from the species of teeth affected, and the distance from the top of the crown in which excavations or furrows are found. If the incisors and the first molars are defective in enamel, the disease ran its course between the twelfth and eighteenth months, whereas a disease of the fourth or fifth year will leave its vestiges in the second molars. The longer its duration, the broader the furrows. When disease returns at different periods, there are often furrows at different heights. Prof. Nessel is of the opinion that this abnormal condition is the effect of a severe disease, influencing as well the membrane outside the ivory, from which the enamel is deposited, as any other part of the organism, but does not depend on supposed abnormal acidity of the liquid contained in the dental sac. For if this were the cause we should expect the enamel to be defective all over below the line that was formed before the disease occurred. Whichever may be the cause, the anomaly cannot be removed. It would be aggravated by levelling the surface of the tooth, as extensive caries would be the immediate consequence.

Another anomaly of the enamel is its discoloration. Brownish spots are the result of original development and composition. White spots are sometimes the effects of mechanical injuries producing local disorganization of the enamel. They consist of carbonate of lime instead of the

phosphate and fluate, and from the fragility of the enamel at these places are apt to give rise to carious degeneration.

The anomalies described cannot be mistaken for those irregularities of shape, such as furrows extending around a whole tooth, which are sometimes observed as family peculiarities. Such teeth are generally hard and solid; have very little tendency to become carious or wear prematurely, and differ widely from those soft and friable teeth which are due to the arrest of development in early infancy, by either hereditary disposition, or accidentally contracted severe disease, or protracted mal-nutrition.

To Mr. Hutchinson, of London, the profession is indebted for a number of good observations on the influence of hereditary syphilis on the development of the teeth. Although the majority of his remarks relate to the permanent teeth, in which this hereditary malady exhibits itself best, there are some morbid symptoms in the temporary teeth belonging to this class. The temporary teeth, in hereditary syphilis, do not present any peculiarities of form; they are, however, often of bad color, and are very liable to early decay. The central upper incisors are the first to suffer from caries, and often crumble away under its influence, within a year of their being cut. The upper lateral incisors soon follow, but the canines very rarely indeed. The caries generally attacks the neck of the tooth, and rapidly penetrates through it, causing the crown to crumble away, soon after which the fang falls out. Children who have suffered severely from syphilitic stomatitis, are often toothless as regards the whole of the upper incisors, from the second year till the permanent set are cut. Occasionally, the lower incisors suffer in the same way, but far more seldom than the upper ones. The deciduous canines rarely either become carious or drop out. They are, however, liable to a curious kind of circular wearing away, a sort of tusk or peg remaining in the centre of each tooth; the process of circular attrition having commenced a little above the level of the dental neck. This condition Mr. Hutchinson has seen in but five or six cases, and in all these it was symmetrical on both sides, and in both upper and lower sets; he has never yet seen it excepting in syphilitic children. It is not usually produced in any very morbid degree until about the age of six or eight years. He has met with an approach to it in one of the molar teeth of a syphilitic child. The outer layer must, at least, be of a peculiar and abnormal softness to be worn away so singularly.

Original disposition is not an uncommon cause of the enamel being deposited in a thin transparent layer only. The children in whom it occurs, are usually of weak and feeble constitution, and particularly defective as to the development of their osseous system in general. Transparency of teeth according to Rudolph, and bluish white color according to Duval, are symptoms of rachitis; semi-transparency, as of horn, of heretic predisposition; semi-transparency and milk-white color, of scrofula and tubercles; yellow and white spots, intermingled with derangement of general development; small, white, yellow, or brown spots, of commencing caries. Yellowish white color, and average hardness, are found in the most durable and solid teeth.

There is one agent, the influence of which appears to be particularly dangerous. I allude to sugar. It has long been considered by physicians and the public as the cause of many cases of caries of the teeth. Its tendency to be transformed into acid is well known. Every acid is liable to disorganize the enamel of the teeth. It is proven by direct experiments that sugar dissolved in water, and exposed to a certain temperature and a continued afflux of atmospheric air, would not disorganize enamel, although this were kept in the solution for many weeks after the transformation of sugar into acid has taken place. There is, however, a difference in the transposition of sugar, according to whether it takes place in a tumbler or on the teeth. The change is more rapid on the teeth than otherwise, from the fact that the air is constantly renewed in the mouth. Thus it is, that the enamel of the anterior

side of a tooth is more often affected first, for the common observation is, that the anterior and lateral surfaces of the teeth are affected, badly developed, cracked, or their enamel entirely absent, while the posterior surface is proportionately uninjured. Slight though the effect may be for some time, it will prove dangerous to the normal condition of the tooth whenever frequent repetitions of the same injury take place. However this may be, this is certain, that there are some writers who deny the injurious effect of the sugar on the teeth, from the fact that the negroes on sugar plantations have the most beautiful and strongest teeth. Perhaps the lime which is usually contained in refined sugar has something to do with the deleterious influence on the dental structure. Such, at least, is the opinion of Hille, who observed both negroes and creoles of Surinam to have beautiful and white teeth, although they are constantly using sugar, but unrefined. The same author, however, adds the remark, that the unrefined sugar also is not prepared without lime, but he is inclined to attribute the health of the teeth to the absence of serofula in that island. In the Netherlands he found, together with the general prevalence of serofulous diseases, early decay of teeth. Falck, in his researches on diabetes mellitus, observed caries of the teeth in many instances; he does not attribute this anomaly to the direct influence of sugar, but to its transformation into lactic acid. This transformation takes place readily by the action of saliva, which is generally found to be acid in persons suffering from diabetes.

Fruit, both sour and sweet, are known to destroy the dental structure. Even in adults the same disastrous result is observed. Therefore, in allowing fruit to children, Spielberger's advice is very good, viz. Let the juice be absorbed, or removed from the teeth, by the simultaneous use of either bread or water.

One of the most injurious agents in destroying the teeth is the sudden change of temperature. Of the different layers, enamel, ivory, etc., a sudden change of temperature will affect more the outer than the inner one; the enamel will be liable to crack without being thrown off, as there is an organic connexion between enamel and ivory; but in the cracks acids, or any other injurious substance, will succeed more rapidly in disorganizing the structure.

As malnutrition is among the principal causes affecting the healthy composition of teeth, it is necessary to know the kind of food which is proper for children before and during dentition. Previous to the eruption of the first teeth, infants do not masticate; consequently, as a uniform rule, the food must be such as does not require mastication. Milk and soups are appropriate to this age. Amylaceous substances must be avoided, at least as a general nourishment, for a number of months; with the exception of those cases in which, for professional purposes, you think proper to allow them. Saliva, which is absolutely necessary for their digestion, is secreted in too small quantities in the very first months of life; thus the digestion of arrowroot, and farina, and rice-flour, and all the other amyacea is thrown upon the digestive powers of the stomach, then undeveloped in its muscular structure, and unprepared, from the amount and kind of its secretions, for difficult digestion. If you cannot expect amylaceous matters to be readily digested, even when suspended in water and milk, how much less in a dry form, without the admixture of any liquid, as it is frequently given? Frequently the instinct of the mother is seen to correct, in some manner, the insufficiency of infantile digestion, by first masticating and soaking with her own saliva the bread, or cracker, etc., destined for her infant. This is an aid to infantile digestion, certainly, but it is a singular method of improving on nature's functions.

At the period of the eruption of the first teeth, the child first succeeds in performing the movements of mastication, and about the same time the salivary glands attain a higher development and exhibit a larger amount of secretion. It appears then, as a direct consequence, that amy-

laceous food, in moderate quantity, and well soaked, will prove digestible.

After the molar teeth have made their appearance, in the third and fourth half-years of infantile life, a great change occurs. The salivary glands are developed, the muscles of the infantile stomach strengthened, its digestive powers increased; and about this time more solid food is well borne, and may be allowed. Not only may more solid food be given, but you should order it. Every organ must be exercised according to its development and power, and hence you would not only weaken the stomach by withholding proper stimulus to exertion, but also the consistency and health of the very teeth would be affected; for it is an established fact, that the teeth will more often remain normal with solid and dry than with liquid, soft, and boiled food. Vegetable food, especially, requires protracted mastication and a large amount of saliva. Those animals known by the name of ruminants spend the largest part of their life in mastication. Mastication and saliva have not so much influence upon animal food; carnivorous animals will not masticate their food slowly, but they tear it in pieces and swallow it at once, leaving all the work of digestion to the stomach, and the other digestive organs of the abdominal cavity. Thus, even children without teeth, and without the full development of their salivary glands, will digest animal food, especially extracts, soups, etc., if administered to them. For this very reason, be cautious in directing the nutrition of small children: such as have no teeth, or bad teeth, or toothache, ought to be kept on a very small amount of amylaceous food, if any; whereas animal food, which requires less saliva and less mastication, is better taken and more readily digested. As it is certain that the first years of life will usually decide as to the future condition of the digestive organs, you perceive the necessity of being unusually careful at this period. You will generally find that little attention is paid to the temporary teeth. Parents and physicians do not care much about them, because they are to fall out and be replaced by the permanent teeth. But when you consider that the permanent teeth will not appear before the seventh or eighth year of life, you perceive what injury can and will be done if the milk-teeth are neglected. Their original condition does not generally depend on the attention of the physician, for they are formed during fetal life, and their nature is determined sometimes by hereditary influences. Healthy and robust parents, endowed with good constitutions and normal development of their osseous systems; mother who has been well during pregnancy, and not suffered from any morbid predisposition; wholesome and appropriate food; a well ventilated residence—these are the conditions which influence the proper development of the teeth of the infant.

Great care should be exercised in feeding. Every adult will remove such remnants of food as are retained in the mouth after meals, by either cleansing the mouth with water, or the tongue, etc. Not so with children. Whatever they have not swallowed will be retained in their mouths adhering to their tongues, cheeks, fauces, or in the folds of the maxilla; even the food which has been swallowed will be ejected, owing to the extreme readiness of vomiting observed in a large number of infants. These particles of food, farina, arrow-root, milk, etc., are very liable by the influence of the air passing the mouth, or with every respiration, to become sour; and then, by their acidity, to affect the crowns of the teeth. Again, you are aware that mothers and nurses, not among the poorer class of the population only, will, whenever a child is crying, either surfeit it with food, and thereby produce vomiting, or gastric catarrh with a superabundance of acid in the gastric secretion and the contents of the stomach, or what is equally reprehensible, put in its mouth a mass composed of cracker or bread, with water or milk, and sugar. Now, nothing has a greater tendency to become acid than sugar; even in the intestinal canal the transformation of sugar into lactic acid is a common and normal occurrence. It is not strange, then, that under the influence of ever changing

air in respiration, and the renewed afflux of oxygen, the transformation of the sugar into acid should take place very rapidly. You know from what has been said that the crowns of the teeth are very easily influenced, and destroyed by any slight acid brought into contact with them, even by fruit of any description; you will, therefore, not be surprised to find that the teeth will be severely affected by the transformation of the sugar contained in these filthy compounds. Children of from two to three years of age, come under your observation daily in whom this bad custom, and nothing else, has been the cause of the decay of the milk-teeth; thus giving rise to disturbances of the general health, and toothache in early life. To discontinue their use, is absolutely necessary before the eruption of the first incisors, as it will be very difficult to do so afterwards. The reason of this is well explained by Spielberger, who emphatically denounces the bad practice alluded to. After the enamel is removed from the crown of the tooth, from the constant effect of the reproduced acid, and the exposed situation of the crown, the access of cold air, and the contact with other warm or cold beverages will produce intense pain. Even the sucking-bag itself will give rise to pain by becoming cold, and the child will cry until a new and warm one is supplied by the nurse, whose pity is excelled by nothing but her ignorance. She will remove the cold one, and dip it into a warm solution of sugar, or keep it in her own mouth, and again put it into the infant's mouth, and the child will now keep quiet, sucking, and sleeping, and it will also allow the nurse to sleep. You will meet with infants sometimes, who are perfectly incapable of sleeping without this substance between their lips, from the mere fact that the enamel of their teeth is removed, and the ivory half gone, and the infant feels pain from having no protection against the cooling influence of the air. Thus the teeth are destroyed until the pulp, too, is affected, when the child will feel no longer any pain. It has no pain, and no teeth. A tooth will sometimes be eaten away in this manner before the crown is fully developed. You will meet with a large number of children, who, from one or more of the reasons alluded to, have no healthy incisors, or perhaps, no incisors at all, from their second or third year, up to their seventh or eighth.

As the incisor teeth have no other office but to rend, or cut the food, digestion itself will sometimes not suffer much, provided the child masticates well otherwise, mixes the food with a sufficient quantity of saliva, and has a perfect and undisturbed gastric and intestinal digestion, *on the condition* that the knife, before the food is brought over the lips, does the work of the incisor teeth, as much as artificial means can do. But a serious consequence, alluded to by a number of physiologists and lately by the above-mentioned author, must not be overlooked. You know that a number of letters, as D, T, and even S, C, St, etc., are formed by the tongue approaching the top of the incisors. But what if they are absent? The child will try to pronounce as well as circumstances will permit; thus those consonants are formed by the tongue touching the alveolar margin of the jaw-bone, and pronunciation becomes unclear, thick, and lisping. This misfortune is not at all mended by the temporary teeth being replaced by the permanent ones, about the age of seven or eight years; for the child has been accustomed to bring forward its tongue in pronouncing the consonants D, T, S, C, etc., to the alveolar process, and scarcely ever will this custom be replaced by the better one of again accustoming the tongue to touch the top of the incisor teeth. No muscles are more obstinate, when once used to one particular action and motion, than those of the tongue. This is seen in the attempt to pronounce a foreign language. There are few men who are able to pronounce certain words of a foreign language as well as those of their vernacular; and it is a fact, that, from mere physical reasons, a young person will learn the pronunciation of a foreign language more easily than adults, whose lingual muscles have been active for decennia in the same manner and direction, and with the same exertion. Thus there are,

therefore, reasons for carefully preserving the milk teeth in young children, other than merely for the sake of beauty, or digestion, or comfort. If they are destroyed, if toothache is produced, or other inconveniences result, you will naturally think of extraction of such tooth. In my second lecture I alluded to the fact, that after the extraction of a tooth, the jaw-bone becomes atrophied, the alveolar margins narrower, thinner, and lower, and that in the extraction of a temporary tooth this danger is greatest; for at a later period of life, the permanent one will not meet with sufficient space. Moreover, the molar teeth, at the age of four or five years, have long and deep roots, whereby extraction is rendered very painful. It must be borne in mind, also, that the pulp of the permanent tooth is, about this time, imbedded between the roots of the temporary one, and you may, by forcibly extracting the one, deprive the child of the other at the same time. Again, a hard cicatrix will be formed by extraction, and the permanent tooth may cut through it with difficulty. The child has also suffered a severe loss, being deprived of one of its instruments for mastication. If you can preserve the tooth it is your duty to do so, while in cases of carious molar teeth in children, it is better to have them filled than extracted. My remarks refer to the normal condition of the teeth and gums. But the tooth must be removed in cases of dental caries, where an inflammation of the inner alveolar membrane, and sometimes suppuration, takes place—a morbid process, which is, in a number of cases, complicated with swelling of the submaxillary glands. These tumors are commonly considered serofulous, but when they are the only symptoms of scrofula which you can detect in a child, never forget to examine the state of the jaw and the teeth, and search carefully for a deep-seated, painful inflammation and suppuration around the root of a tooth.

Original Communications.

HYGIENE OF THE SEWING MACHINE.

(READ BEFORE THE ACADEMY OF MEDICINE, NOV. 21, 1860.)

By A. K. GARDNER, M.D.,

PROFESSOR OF CLINICAL MIDWIFERY AND DISEASES OF FEMALES, IN THE NEW YORK MEDICAL COLLEGE.

(Concluded from page 421.)

Seligman & Co., employ ninety-four of Singer's machines in making clothing. Some of the girls who had worked these heavy machines on thick beaver cloth and other heavy clothing for some years, had found, as a general thing, that the girls in the shop were as healthy as ordinary. True, when working on heavy goods for ten hours, they did feel fatigued, but they never suffered from any special diseases, never had heard of any spinal difficulties, neuralgia, anæmorrhœa, or leucorrhœas. That there were seldom more than two or three of their number absent during a day, out of their whole number, for any and all causes. This was the unanimous testimony of many of those working the machines in answer to my special and direct inquiries.

Davies & Co., extensive shirt and clothing manufacturers, work between three and four hundred Wheeler and Wilson's machines, and never heard from any of their employées the least suspicion of the working of machines being other than perfectly healthy employment. At their immense factory in New Haven (visited by the members of the American Medical Association, last spring, by invitation), where nearly four hundred Wheeler and Wilson's machines are used, the same result is found upon the health of the workers.

Finding, therefore, no proof that physical disease originates, or is aggravated even, by the use of the sewing machine, I am forced to believe that in the moderate use of the muscles of the lower extremities, the analogy holds

good in this as in any other form of labor, that use strengthens the organs—that while the use of half of the body is not so beneficial for health, or for an equal development of the entire body, as if the sewing-machine exercised the whole frame, that it is far better than no exercise at all, as is the lot of the confined hand-sewers.

Again: It has been reported that the assiduous working of the sewing machine, where the work was fine, and great care was requisite for regularity and evenness, injured the organs of vision in some undescribed manner. Not trusting to my own narrow experience, or the reports of the various operators or employees, as I could gain access to the various eye infirmaries, I accordingly addressed similar letters to most of the eminent practitioners in the United States, where machines are usually employed. My inquiries were: Whether amaurosis was caused by sewing-machine work, and if so, was it as frequently thus caused as by hand-sewing? Whether, when existing, it was aggravated by the use of the sewing-machines? Was acute or chronic inflammation of the lids or globe known to be caused by lint springing from sewing machines? Was the sewing machine an injury or a benefit to vision, and particularly when the amount of work done by them is considered?

Two letters will answer as a type of the replies I received:—

Massachusetts Charitable Eye and Ear Infirmary.
Boston, May 31, 1860.

DEAR SIR:—As one of the Surgeons of the Infirmary I can answer your inquiries in a few words.

1. I have seen no injurious effects on the lids or globe of the eye from the lint of sewing-machines.
2. I occasionally see cases of what is called marked sensibility of the retina, either produced or aggravated by their use.
3. I think the use of sewing machines, on similar work for a similar period, a decidedly *less* exposure for the eye than the common use of the needle.

Yours, very truly,
DR. A. K. GARDNER.

GEORGE A. BETHUNE.

A. K. GARDNER, M.D.

DEAR SIR:—It would afford me great pleasure to communicate to you facts and statistics relative to the hygienic effects of the sewing machine on the eyes, did I possess any of value on the subject. Very few of my patients work themselves the machine, and I have rarely heard any complaints of its ill effects.

Yours, respectfully,
ISAAC HAYS.

Philadelphia, June 3, 1860.

Considering the immense number of machines now in use, it would seem impossible for the eye to be seriously affected by them, without the oculists of the United States having noted it in numerous instances; yet the opinions expressed by gentlemen of large experience are corroborated by many others, verbally made to me; among them, Drs. Wilkes, J. H. Clark, Ceccarini, and Stephenson, men of reliability and very extensive experience in this city, and Dr. Clark being the only oculist of eminence in the great manufacturing city of Newark, where the machines are very numerous, and engaged in every kind of work, from shirts, clothing, and shoe-binding, up to leather, harness, and saddlers' work. Dr. Clark has also made special inquiries at the various factories, and reports that he can trace no disease of any description to the use of the sewing machine. Dr. Stephenson, who has the charge of the Ophthalmic hospital, having a large number of patients among the classes engaged in laborious occupations, and also an extended private practice, says to me, that he has never seen the first case of injury to vision traceable to the sewing machine.

The conclusion that I have come to, after six months'

deliberate investigation of this subject is, that the *sewing-machine is a blessing to mankind, and especially to the female, and that without an appreciable drawback.*

We have thus considered the sewing machine as a healthy substitute for the degrading, exhausting, debilitating—may we not say demoralizing—needle, with its everlasting "stitch, stitch, stitch," and its accompaniments of poverty, misery, and vice. We might here leave it to the consideration of those in whose charge is the prevention of pauperism, the reformation of the Magdalene, the support of the widow, and the care of the orphan, and ask their attention to it as a *reforming agent*. This we hear has already been done in some places; and some States, among them Massachusetts, ever foremost in works of education and philanthropy, has by legislative enactment exempted the sewing machine from attachment and sale for debt. We ourselves have to look at it in one additional aspect, viz. as a prophylactic, as a preventive of disease, as an agent antagonistic to the tendency of the times, the sedentary, inactive, enervated, un-muscular habits of the women of the world.

We need not recall to mind the law of animal tissue, that it is developed by use. Physiologists tell us that the brain increases by use, and that it is exercise alone which makes the distinction in its size in families and races. The lungs of the runner, the player on wind instruments, etc., are thus developed. The womb and breasts of the woman of any age who has had children, are larger than those organs of another of corresponding age who has been childless. The development of the blacksmith's arm is too well known to be mentioned.

What is denominated "tone" and "tonicity" by modern writers—phrases equivalent to vigor—is the normal condition of organs strengthened and developed by normal exercise. Action is invigorating, inaction enfeebling. This fact is too much neglected by the physician, and in consequence upon this platform of a partially applicable truth we have an "*ism*" founded, the "movement cure." We may perhaps beneficially examine and appropriate the truth it possesses in respect to the subject of our investigation.

A body in vigorous health is less liable to be seized with, or prostrated by, disease than a body in an atonic condition. If this is true of the whole frame, it is true of a portion of it, or of a single organ. The sewing machine overworks, that is wearies and fatigues the learner, who exerts a muscular force, and for a too prolonged period, sufficient to drive half a dozen machines. The same instrument is but a healthy stimulant to the muscles of the lower extremities, of those accustomed to its use, developing and strengthening them. But the benefit and increased volume of the muscles actually employed is extended to the adjacent parts of the frame, and the muscles which belong to the pelvis, the back, and which support the abdominal walls, are called upon to aid in the work by steadyng the frame, and firmly holding the parts to which the muscles of the lower extremity are attached. The development of these muscles affects all the adjacent organs. The circulations are carried on more regularly, the absorbents are brought to work more energetically, and there is a tonicity very perceptible throughout the abdominal parietes, which is a result of the employment of the neighboring organs. In the female we have as a direct result, a "tone" in the generative apparatus before unknown, and a direct result of normal activity. The flaccidity of the vaginal walls is supplanted by contractility; the relaxed ligaments of the uterus become tense; the perineal muscles are developed; prolapsus uteri is impossible; leucorrhœas are absent, because dependent upon debility, malposition, and displacements; the secretions are normal, because the parts are in a normal condition. Now this is not theoretical, or at least is only the theory for the explanation of absolute facts which have come under the observation of myself, or of those who were well capable to judge, and who have communicated them to me. They may perhaps be called "coincidences," but the pustules upon the skin are also

coincidences which, with others, make up what we denominate small-pox; and the coincidences which I shall proceed to relate may be found to be as marked and persistent as the variola cicatrices.

A case has been reported to me by a member of the Academy, of aggravated uterine disease, accompanied by prolapsus and leucorrhœa, which was of many years' standing, and which had resisted all treatment, including pessaries and other local applications, which was cured entirely and solely by the result of systematic and vigorous muscular exercise, united with healthy diet and stimulating mountain air. Such cases are not infrequent. Passive motion in a part produces a circulation of the stagnated blood, in its enlarged, congested vessels, and in their diseased condition is perhaps all the stimulus that they can bear. Active exercise or motion is only compatible with a comparatively healthy condition of these organs.

We will not seek to develop this view, but be content with its simple suggestion. But while the trundle-hoop, dumb-bells, and gymnastics generally, which have no result other than increased vigor of body, are recommended as prophylactics and invigorators, either partial or general, the exercise required in working a sewing machine should not be disregarded, especially as in addition to increased health, the pecuniary returns are worthy of consideration.

CASE OF HYDROPHOBIA.

BY WM. BRODIE, M.D.,

OF DETROIT, MICH.

ON the 26th of September last, a young man by the name of Patrick O'Donnell, came into my office for professional advice. He stated that he had had a cough for some time, but did not think much about it until that morning, when he felt a difficulty in breathing, and thinking that he must be consumptive, asked me to "sound his chest." He informed me that he was a moulder by trade, and inhaled daily a large amount of dust. I found his throat reddened and somewhat swollen, his respiration and pulse both normal. Yet there was an anxiety in his countenance. I told him the dust was most probably the cause of his cough, and would therefore give him an expectorant, which would relieve him; but he would not be satisfied unless I examined his lungs, which I did, but found nothing abnormal save a slight bronchial râle. He took my prescription, consisting of quinine and Dover's powder, and went home. On the morning of the 27th his sister called upon me, and requested my early attendance, as Patrick had a severe pain in his side. I called upon him after my breakfast, and found him in the same condition as before, with the exception of a severe pain in his right side below and behind the nipple. On examination of his chest again I could find no evidence of disease, and in order to do *something to allay his mind*, I ordered a blister, and continued the prescription. In the afternoon I was requested to call again, "as he had difficulty in swallowing." I did so, and found him as represented. I had some tea brought in order to ascertain the extent of his trouble, as I thought he must be exceedingly nervous, or was possibly laboring under some superstitious excitement. Upon presenting the fluid he seized upon it with avidity, and gulped it down in mouthfuls, as though he had an attack of "quinsy sore throat," yet at the same time different—his look was excited, and his movements were rapid and singular; he had no pain save that arising from the blister, and to which I attributed his condition. I gave him a potion of morphia, and left another to be given him during the night.

Shortly after midnight I was again called, when I found an exaggeration of the previous symptoms. The appearance of fluid brought on the paroxysm of apparent strangulation. I then asked him if he had been bitten at any time

by a dog, when he suddenly turned to me, saying, "You don't think I have the hydrophobia?" I answered, "I cannot now account for your symptoms short of that supposition." "Yes," he said, "I was bitten by a sick dog the last week in June, but a doctor told me the dog was not mad, and he cured the bite, which took him nearly two weeks." A felon then came on his thumb, which was sore for three weeks more. I was thus satisfied of the nature of the disease, and took measures accordingly. In the morning I requested Drs. Pitcher, and Stebbins, sen. and jr., to see him, who pronounced it pure hydrophobia. The sight of water in the room, the sound of water pouring from one vessel to another, the motion of the air from opening and closing a door, or the hand before the face, would throw him into a violent paroxysm, which would last from three to ten minutes, when he would be utterly exhausted. The only way he could take any medicine was by putting it dry on a piece of paper, when he would dash at it and throw it in his mouth suddenly. He had no febrile symptoms, his skin being moist, and perspiring during the whole time. His mental powers were clear and perfect to the time of his death.

The plan of treatment was by opiates. Chloroform was suggested to my mind, but I feared its results, as an after circumstance fully proved. During my absence an officious practitioner went to see him, and without any judgment as to the results, commenced to put him under its influence, and with little success was engaged in the act when I returned. I found my patient completely exhausted, and begging to be released from the stupor that was impending. His pulse had become small and frequent, his skin was cold and clammy, and he complained of his feet becoming cold. I endeavored to bring about reaction by hot applications, but without benefit. It was now evident that he could live but a short time. His respiration seemed to convulse the entire muscular system. Liquids ceased to excite the usual paroxysm, and he began to swallow, with difficulty at first, but as exhaustion progressed, with greater ease, so that before he expired he swallowed fluids with the same ease as in health. He died at five o'clock P.M., less than thirty-six hours from the first indication of his disease. The case was one of great interest to the community, and much to the discomfort of the patient, everybody wanted to see him, and would see him, both professional and layman. Everybody had a cure, and did not hesitate in my absence not only to urge the friends to administer, but even do themselves so. Two physicians, ignoring all professional ethics, taking advantage of my absence, declared the case one of delirium tremens, and administered remedies for the same. I cannot, therefore, let the opportunity pass by, of calling the attention of medical educators to many of their graduates, who, although able to pass an examination, have not the first qualification to associate with gentlemen, whose principles will violate all courtesy, whose ignorance prevents them from either reading or comprehending the common rudiments of the English language, and whose prescriptions are a burlesque. It is high time a united effort were made to place our profession where it *has stood* in the past, and *ought* to stand in the present.

THE PESSARY A HURTFUL REMEDIAL AGENT.

BY WM. MASON TURNER, M.D.,

PETERSBURG, VA.

I HAVE been much interested in reading in the *Times* the discussion which has occurred of late in the New York Academy of Medicine between Drs. Peaslee, Gardner, Sims, and Thomas. The perusal of that report was all the more pleasing to me from the fact that for the last twelve months I have given considerable attention and practice to the subject in hand, and desired much to read, or learn by some means, the opinions held by others concerning the use of the pessary. I am well acquainted with the views

entertained of that instrument by some of the most renowned obstetricians in the world—*e. g.*—Drs. Hodge, Meigs, Velpeau, Dubois, Nonat, Churchill, and others; yet I wished to see what others, from *practical experience*, thought of those vaginal agents called pessaries. My own conclusions have been based simply and entirely on results obtained in practice, and the conclusions which I have formed have been arrived at only after giving both sides—the *advantageous*, and the *non*-advantageous opinions—a fair trial. My experience, of course, does not rank with that of Dr. Hodge, and others, and on that account, perhaps, what I may write does not and should not carry much weight with it—simply from insufficiency of experience. Yet the results for one year, as I have before stated, are very decided and conclusive to my own mind—so much so that my mode of treatment in cases where pessaries have been advised and used is fixed.

My experience bears out, *in toto*, the arguments advanced and positions held by Dr. Gardner. I was indeed pleased to find a member of the New York Academy entertaining precisely my views; and if the results of the cases I submit tend to strengthen his points, I most gladly lay them honestly before the profession. Let it be understood here, however, that I do not take *extreme* grounds against the employment of the pessary; neither does Dr. Gardner. *There are* some cases in which the pessary of right construction, of proper size and adaptation to the parts, is of decided and lasting advantage. Only in *one* instance, however, can I conceive this to be possible. In other words, I think the *harm* resulting from the use of the pessary and the *risk of harm in all cases, generally* overbalance the accruing benefit, save in the case excepted; that case is a *complete* prolapsus where the ligaments have so far lost their function as to allow the womb to protrude through the genital fissure. Another instance, perhaps, is where the vagina is perfectly relaxed and affords no support at all to the uterus; but this condition of that canal is almost always present in complete prolapsus. When *this* exists, I think the pessary, *well applied*, is useful. But I think it is merely swapping one inflammation for another—that is *vaginitis*, the effect of the pessary, for *metritis* occasioned by the cramped and unnatural opposition of the womb, in prolapsus. It may be objected here that metritis *always* exists, more or less, in such cases—and why not always exchange it for the *vaginitis*? I reply, it cannot be *determined* that metritis exists in *all* the cases where pessaries have been employed. In some, it doubtless had been present, yet in the greater part of those cases I humbly think the metritis should have been, and *could have been* better treated, by other and less hazardous means. It is needless for me to enumerate the many *pretended* advantages of the pessary, as claimed by its advocates; it is quite as needless to enumerate the multitudinous woes which we *know* are often more than otherwise consequent on the use of the instrument. The cases mentioned by Drs. Sims and Thomas are exceptional cases—cases which I do not deny occasionally occur. But look at the *vast amount of harm* done, while these *few cases are bettered* by the pessary; or to say the least, how many unfortunate females there are left uncured or whose condition is not bettered—to a *very few* who are cured! Admitting that pessaries were always well placed—that they fitted exactly the vaginal canal, yet the pressure exerted on them and through them on the vagina (none deny pressure in the premises, for by *it* we see the beneficial action of the instrument) will and does most frequently occasion local and then general sympathetic inflammation of the uterus. This effect cannot be disputed, and if for none other reason, in my opinion, the pessary as a remedial agent should be condemned. My objections to the pessary are chiefly, to wit:—(1) They make pressure on the vagina (the discoid, common glass, olive wood, and globe pessary, particularly) and occasion consequent inflammation and ulceration—very often resulting in recto- and vesico-vaginal fistulas. (2) It is unsound curative practice to treat effect instead of cause; in other words, it is far better to give tone to the

ligaments of the uterus and to the vagina, the natural supporters of the womb. (3) The inconvenience arising from adjusting the pessary, getting the particular size, removing the instrument for cleansing purposes, and the disgust which is often awakened, justly or not, in the mind of the delicate and refined woman. I might multiply objections, but it is useless.

I hope it will be seen that thus far I condemn the use of the pessary as a remedial agent, applicable in the majority of cases—but admit its value in one exceptional case, *i. e.* in complete prolapsus and where there is total relaxation of the vagina. And even such a case can be much benefited, under certain circumstances, without the use of *any* pessary. I have now in recollection a case in my own practice, where the woman is well enough at present to walk about and do a moderate amount of washing. She wears a suspensory bandage, fitting the abdomen snugly;—she takes tonics and syringes the vagina with a strong decoction of red oak bark; but the main prime treatment was *absolute, continued rest* in a horizontal position, with the pelvic region slightly raised. Three months and a half ago, when I took her under my treatment, that woman had been bed-ridden for fourteen months. I would beg leave to state here that I have often found the following pessary (if it be proper to call it such) to act well. I have used it frequently, and have always been pleased to note its good offices. It is simply a good piece of surgeon's sponge well beaten and freed of sand. This sponge should be cut into a cylindrical form about four inches in length. Saturate this well in a strong decoction of red oak bark (I prefer this to all local astringents), and place it into the vagina by means of a speculum—the speculum being gradually withdrawn, leaving the sponge behind. This acts as a pessary in a measure—but it claims this advantage over pessaries generally—it *does not act on any one particular point of the vagina*—its pressure is equable, therefore, apart from its yielding nature, it could not set up local inflammation. Besides, it is a most convenient and effectual mode of applying astringents and thus toning up the vagina. The patient can far more readily learn to introduce this than she can the ordinary pessary—discoid, flat, horse-shoe, ring, or stem. The sponge should be removed every day and hot water poured through it; this fits the sponge for use again.

This brings me to my treatment for malpositions of the womb—prolapsus, simple and complete—ante-version, and retroversion. Said treatment can be summed up in a few words; its grand features as regards *all* misplacements, *speaking generally*, are *tonics, REST, astringent injections*, including the *sponge*, and a *proper suspensory bandage*. If the womb be anteverted, retroverted, or prolapsed, I reposit it, enjoin and *enforce strict rest* in a horizontal position, exhibit tinct. ferri muriat., keep open primæ vie, inject into the vagina astringent lotions, or use (most commonly) the saturated sponge pessary. When the system is toned up generally, and the uterine ligaments, having had a chance to recruit, have somewhat recovered, I make the patient wear a suspensory bandage. I generally use one which any housewife can readily manufacture from any kind of cloth, it matters not what—calico, muslin, etc. It is shaped like an equilateral triangle, two sides of the triangle being curved to fit the abdomen; to the angles tapes are attached.

This is substantially my treatment. At the same time I always suggest, when my patient is walking about, that the hoop-skirt should be made to go over the shoulder with a strap, so that the superincumbent mass of clothing may not drag around the waist.

My opinion in regard to the *non*-employment of pessaries and to the treatment for malpositions of the womb is derived from the following statistics of practice:—

Since November, 1859, I have treated in all, with particular reference to the point in question, nine cases of displacement of the womb; for *six* of these cases (anteversion and prolapsus generally), I directed tonics—(chiefly the tinct. ferri muriat.)—the suspensory bandage as given above

—the vaginal sponge saturated with the bark decoction, and absolute rest, long persevered in. In three cases, I employed as supports for the womb (cases of prolapsus generally), the discoid, ring, globe, and horse-shoe pessary. To-day my *six* patients, not treated with pessary, are walking about—express themselves as “pretty well”—well enough, in fact, to attend to household affairs, and are under no treatment, save in the use of occasional vaginal astringent injections, and of the abdominal suspensory. What I claim for the suspensory is—that it supports the viscera of the belly—that it acts as the relaxed muscles of the abdomen *should* act—that by so acting, with the other viscera, it in a measure and indirectly supports the womb also—said womb being reposed, reduced, and kept in place partially by restored system and a vagina made tonic by astringent injections. Dr. Peaslee's comparison of the *extra barrel-hoop* to the abdominal suspensory is, in my opinion, by no means apposite. The walls (or *staves*) of the barrel are not *relaxed*—they bear no resemblance to the flaccid muscles of a relaxed abdomen. If he had used instead an *extra rope to a bale of cotton*, the comparison would have been more apt in one sense, but so far from being true, would have proved the converse of his proposition. The three *unfortunate* females (as I take it), in whose cases I used the pessary, were complaining a month ago as heavily as eight months ago. In two of them ulceration of the neck of the uterus and of the contiguous parts of the vagina supervened, although I endeavored my utmost to get the pessary of the right shape, size, etc. In the other woman, leucorrhœa was well established. They are now under different treatment—I have discarded the pessary—put my patients to bed—given them tinct. ferri muriat., and all three are thriving.

Reports of Hospitals.

BROOKLYN MEDICAL AND SURGICAL INSTITUTE.

SURGICAL CLINIC OF PROF. LOUIS BAUER.

[Reported by ALFRED WEILLER, House-Surgeon.]

SUBACUTE inflammation of the tibio-tarsal joint often gives rise to contraction of muscles, and thereby to malposition and deformity of the foot. The peronei muscles are those chiefly involved, and therefore the deformity that ensues is *talipes valgus*. Dr. Bauer holds that this is the rule in all affected ankle-joints still retaining their mobility, whereas in ankylosed ankle-joints the deformities produced may be very different. Again, he says, that the contraction of other muscles than the peronei are more of a consecutive nature, being produced by the deformity instead of its active agent. During the last few months three cases bearing upon these facts were presented and successfully treated at the Institute.

CASE III.—*Subacute synovitis of the ankle-joint—Contraction of the peronei muscles producing talipes valgus—Subcutaneous division—Recovery.*—Wilhelm Gouze, *æt.* 16, a saddler's apprentice, entered the Institute on the 25th of July. His right foot presented that deformity known by the term of *talipes valgus*, viz. his foot was longitudinally rotated to such degree that he stepped almost upon the inner margin; the scaphoid bone protruded, and the arch of the planta pedis was greatly diminished. The attempt to return the foot into its proper position, not only failed but caused considerable pain in the ankle joint, and the peronei muscles became thereby exceedingly tense. Tenderness was also noticed in the joint both on pressure and gentle motion. In addition the patient stated that locomotion was very painful to him, that in the morning he felt comparatively easy, but towards night he was often

entirely unable to walk. The deformity had existed about six months; had been preceded by pain in the ankle-joint, brought on by excessive exertion. The case was pronounced to be essentially subacute inflammation of the tibio-tarsal articulation, followed by contraction of the peronei muscles, which had led to the abnormal form and position of the foot. The subcutaneous division of the contracted muscles was performed, whereupon the foot could be immediately returned into its proper position. To secure rest and immobility to the articulation, a leather splint was affixed to the front of leg and foot. In about a week the soreness about the joint had subsided, and the patient could adduct and rotate the foot at pleasure without any inconvenience whatever. An apparatus was then applied to restrain the rotatory movement of the foot, and a firm leather pad fastened to the sole inside of the boot for the purpose of re-establishing the arch. The patient left after a treatment of two weeks, and has since steadily improved. At present the foot has good form, and the planta pedis is already moderately arched, whilst the scaphoid bone occupies its normal position.

CASE IV.—*Subacute inflammation of the tibio-tarsal joint—Articular effusion—Contraction of peronei muscles—Talipes valgus—Tenotomy—Puncture of the joint—Recovery.*—Serrina Dickson, *æt.* 6, of healthy parentage and good constitution. Some two years ago she sprained her ankle, when inflammation and deformity of the foot gradually ensued. When admitted into the institute, the foot presented the following appearance: Everted and rotated, plantar arch flattened so that every point of sole touched the floor, the scaphoid bone protruded so as to give the foot the appearance of tarsal inflexion, dorsum pedis flattened; ankle-joint every way tender and moderately distended by effused material; peronei muscles contracted, resisting inward rotation.

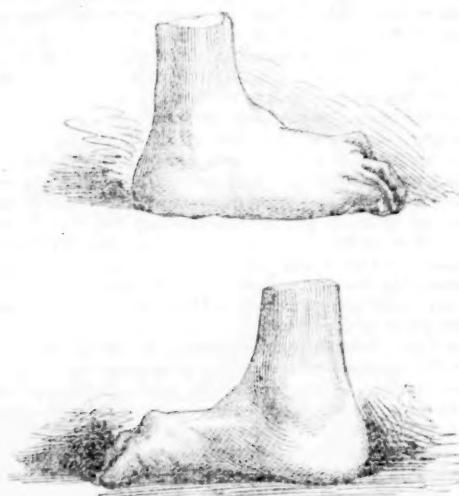
In his clinical remarks Dr. Bauer stated that the case under consideration bore the same pathological stamp as that of Gouze; that he looked upon the traumatic inflammation of the ankle-joint as the starting point, which had given rise to muscular contraction, and consequently to malposition and deformity of the foot. The peronei muscles being those implicated, *talipes valgus* had been the inevitable result. The present case differed, however, from the former by the effusion, and hence the treatment should be so modified as to meet that complication.

He, therefore, subcutaneously punctured the distended capsule, removed its contents, divided the contracted muscles, applied tightly fitting adhesive straps, and secured the rest and immobility of the joint in the manner previously described. In a few weeks, when the inflammation had entirely subsided, and the free mobility of the joint was restored, he followed up the treatment with an appropriate brace and a plantar pad, which in two months improved the form of the foot considerably. When discharged the patient still presented the attenuation of the leg, the ordinary accompaniment of muscular contraction.

CASE V.—*Partial posterior dislocation of the foot—Contraction of all the flexors of the foot, and four large toes, and of the extensor digiti minimi proprius—Talipes valgus—Recovery.*—The case in question, referring to Lewis W. Leaman, is unique in appearance, and its pathological character is surrounded by more than ordinary difficulties. The whole extremity, although otherwise useful to locomotion, is generally attenuated and slightly shortened, and this circumstance has led to the erroneous diagnosis of paralysis. But when carefully examined the difficulty assumed a very different aspect. The adjoining diagrams of the cast taken illustrate but imperfectly the actual condition of the foot, yet they will give some idea of the shape and relations of the parts concerned.

In the first place, it will be noticed that the foot stands in a *flexed* position (extension being impossible); secondly, that the distance between the heel of the malleoli is increased by at least three quarters of an inch; thirdly, that the projecting scaphoid bone is placed immediately below,

and anterior to the internal malleolus; and, finally, that the malleoli encroach upon the foot downward. These anatomical conditions denote posterior dislocation of the foot.



At the place where the scaphoid bone projects in and downward, the planta of the foot is greatly widened, thereby contrasting strongly with the metatarsum, which is not only atrophied, but also laterally compressed. Any attempt at extending the foot, or the four first toes, is strongly resisted by the contracted flexors. The contraction of the flexor muscles of the large toe is particularly marked, as they draw the latter towards the planta, and from off the capitulum of the first metatarsal bone, which projects superiorly. Dr. Bauer favored the opinion that all the muscular contractions were rather attributable to displacement and pressure, than to previous inflammation and reflex action. The case seemed to be of long standing, for all the anatomical changes were far advanced and firmly established, which fact, together with the history of the case, seemed to bear out that supposition. It was ascertained that when about two years old the patient had met with an accident, his nurse having allowed him to fall upon the stairs in such a manner that his heel was pushed foremost between two narrow uprights of the bannister, and his foot was strongly flexed. In consequence of the immediate tumefaction and painfulness of the parts the dislocation was overlooked, and in fact it never has been recognised before. The idea imparted by professional men that the extremity was paralysed deterred his parents from seeking further aid.

As to treatment, Dr. Bauer remarked, that he had no doubt of being enabled to permanently lessen the deformity by dividing all the contracted muscles. This alone would render the foot more useful. But he was unable to decide, whether the reduction of the dislocation of the foot and large toe would be successful at all, or if so, whether the reduction would be permanent; and, again, whether the attempt would not entail the necessity of dividing the *achilles tendon*. All this could be decided only during the progress of the operation, which was proceeded with as follows:—When the patient was under the full effects of chloroform, the contracted flexors of the toes were first divided, then the adductor and extensor tendons of the small toe; and, lastly, those of the *tibialis anticus*, *peroneus longus*, and *brevis*. This done, and the respective wounds being carefully closed by adhesive plaster, the foot was forcibly extended to its utmost capacity, and likewise drawn forwards—this proceeding meeting with no resistance. But when the foot was again flexed it returned to its old posi-

tion, as did also the large toe. In order to prevent such recurrence, Dr. Bauer, by means of a leather splint, kept the foot and the large toe in the most extended position, sufficiently long to accustom the parts to their new relations. After the lapse of four weeks passive motion of the joints was commenced, and the patient allowed to walk, his ankles being well protected by a brace, and his planta raised by a leather pad. When, about three months after the operation, the patient was examined, the improvement was most conspicuous, and nothing seemed to interfere with the steady process of reformation. The leather pad, to which I have repeatedly referred as the means of raising the plantar arch, is made as follows:—As many pieces of soft sole leather or buckskin are glued upon each other as is necessary to procure the proper height, this is then cut according to the form and extent of the plantar arch to be established, and then fastened in a proper manner at the appropriate place inside of the shoe. Dr. Bauer generally commences with four layers to his pad, and increases the height as the treatment progresses.

UNIVERSITY MEDICAL COLLEGE.

PROF. VAN BUREN'S CLINIC.

Dec. 12, 1860.

FRACTURE OF THE LOWER END OF RADIUS TREATED BY SHRADY'S SPLINT. SILVER FORK FRACTURE OF FIVE WEEKS' STANDING; REFRACTURE.

CASE VI. returned (see p. 362). "Silver Fork Fracture" treated by Shrady's Splint.—The patient, P. K., aged 35, first presented himself about six weeks ago with well marked deformity, the result of fracture of the lower end of the radius. You remember that I then described to you this splint and its mode of application. It is well enough to speak of the advantages of one form of splint as compared with another, but the best evidence of its utility is the result as here shown. If you can cure a case of this sort without deformity you obtain a result which is an exception to the rule. You will recollect that the deformity was well marked in this case; but now, after the splint has been removed, you can with difficulty distinguish any deformity whatever. The wrist-joint is free, and there is very slight stiffness. This is what I call an exceedingly good result.

CASE VII.—Silver Fork Fracture of five weeks' standing; refracture.—A. B., a young married woman, at 30. This patient, about five weeks ago, fell down a flight of stairs, and placing her hands out to save herself fractured the lower extremity of the right radius, and jammed it into the epiphysis, breaking it in several fragments, as is the rule in such cases. You will notice here the peculiar deformity which entitles it to the appellation of the silver fork fracture; the prominence of the lower end of the shaft on its dorsal aspect, and also the prominence upon the palmar surface a little further up the forearm. The hand is also carried to the radial side. It was to remedy this that Dupuytren devised his splint. The patient has been unable to use the hand since the accident, and being anxious that something should be attempted to relieve her I propose, after she is anesthetized by ether, to break up the union and strive to bring the fractured portions more nearly in apposition. Dr. Gouley will then put up the fracture before you in the short splints. In this instance we shall probably have to keep the splints longer applied than in a recent case, and consequently there will be less risk of ankylosis, and for this reason only we prefer them. I proceed in trying to break up this fracture very much as I would in reducing one which was recent. I make firm traction upon the hand and thus separate the fragments from each other, at the same time I flex it forcibly. The position of flexion is that which characterizes the splint of Dr. Shrady, which you saw produced such an excellent result in the other case. Besides traction and flexion in reducing the fragments in position, I make pressure upon the two prominent points. By removing my fingers I can

re-produce the deformity. This business of refracture, in order to produce better results, is done much more commonly than formerly. In old times, when the use of ether was unknown, the severity of the operation was such that it was rarely submitted to; now, however, it is of much more frequent occurrence, for obvious reasons. There is one point in the treatment of fractures near the joint that you must not lose sight of, viz. the integrity of the joint itself. The apparatus must be of such a character and so applied that the joint will not be kept immovable longer than is absolutely necessary. Dr. Warren was in the habit of recommending the use of no apparatus whatever in such cases, as his experience had taught him that non-union was less liable to occur than impairment or loss of function in the joint. His rule was, especially in fractures at the elbow joint, to place the limb in a sling, and when pain and swelling had disappeared to commence passive motion. In refracture the violence offered to the parts, which to you seems to be very great, is very rarely if ever followed by serious inflammation. It is the knowledge of this fact that makes the operator less careful in his movements than he otherwise would be. I am satisfied, moreover, that there is less danger of inflammatory reaction after an operation when an anaesthetic has been employed than when the patient is sensitive to pain. (The two short splints were then applied to the limb by Dr. Gouley; a pad being placed over each extremity of the fragments.) This apparatus leaves the wrist free. We do not expect to get a perfect result in this case, our main object being to leave her with the good use of her wrist that she may attend to her work

organ. 2. If this fail to do any good, the tongue might be removed by the use of the ceraseur, which is an instrument well adapted for use in cases of this description.

JOURNALS FOR NOVEMBER.

THE CLEVELAND MEDICAL GAZETTE.—NOV.

ART. I.—*Illustrations of Medical Jurisprudence.* By Dr. C. A. HARTMANN, Coroner of Cuyahoga County, Ohio. ART. II.—*Case of Senile Gangrene following Pneumonia.* Reported to the Alliance Medical and Surgical Society. By Dr. JOSEPH PRICE, Randolph, Ohio. ART. III.—*Inverted Toenail.* By Dr. B. WEBER, Cincinnati, Ohio. After enumerating the various methods proposed for treating this painful affliction, the author gives the following as his own plan. B. Cortic. queri $\frac{5}{2}$ ss, gallarum turcicarum $\frac{3}{2}$ i. concisae coque in aq. commun. $\frac{3}{2}$ x. ad remanentiam, $\frac{3}{2}$ vj. colaturae addatur argenti nitrici fusi $\frac{3}{2}$ j. $\frac{3}{2}$ j. acet. saturn. $\frac{3}{2}$ i. M. D. S. Embrocatio. The toe, after being moistened with this mixture, should be bandaged with a strip of linen, the part in contact with the toe being kept thoroughly saturated with the liquid, until a cure is effected. "Soon after the application of this remedy, the swelling of the toe subsides, the excrescences shrink, get black, as also the whole toe; the nail gets brown, soft, brittle, loses its stiffness, and ceases to press and dry into the flesh; the skin pulls off, and out of the matrix; a new and well formed nail will be developed." ART. IV.—*Cephalic Version.* A case communicated to the Wisconsin Medical Association. By Dr. WM. CRANE, Cottage Grove, Wisconsin. ART. V.—*Per-sulphate of Iron in a Case of Post-Partum Uterine Hemorrhage.* By Dr. GEO. MENDENHALL, Cincinnati, Ohio. After failure of the ordinary means, the hemorrhage was promptly arrested by injecting into the uterine cavity, by means of a catheter introduced to the fundus, about three ounces of a saturated solution of the persulphate of iron. ART. VI.—*A Continuation of Dr. FISHER'S Case.*

OHIO MEDICAL AND SURGICAL JOURNAL.—NOV.

ART. I.—*Notes on some of the Chemical Reactions of Solanine.* By Dr. T. G. WORMLEY. ART. II.—*Strychnine and the Treatment of its Poisonous Effects.* By WM. A. BROWN, McConnellsburg, Ohio. Certain articles produce their specific effects, as musk, valerian, coffee and tea being general nervous stimulants, while opium, hemp, &c., are cerebral stimulants. Strychnine, being purely a spinal stimulant, is particularly adapted to the treatment of general nervous debility of those organs dependent for their supply of nervous force on the spinal marrow, and hence its value in treatment of constipation, pyrosis, gastralgia, atonic diarrhoea and dysentery, impotence, and spermatorrhoea, all of which have been permanently cured by it; also functional paralytic affections, without organic disease or injury of the centres. The smallest quantity known to have caused death is half a grain, while there have been instances of recovery after more than a grain had been taken. It being, as before stated, a spinal stimulant, the pathology of its poisoning is "active congestion of nerve fluid in the spinal marrow, which is at first stimulated into an increased exercise of function, finally overwhelmed and disabled, and death ensues;" hence treatment should be, first, to supply the stomach by a prompt emetic, followed by the administration of such remedies as possess a physiological action antagonistic to the poisonous agent; such are found in cerebral and general nervous stimulants, which may be required in large doses. The following combination is recommended. B. Camphor., assafetid. $\frac{1}{2}$ gr. v. every half hour; if necessary, this may be given in larger doses, combined with morphia, having in view an impression sufficient to restrain the active determination to the spinal marrow, and equalize the distribution of nerve fluid. ART. III.—*Diphtheria.* By Dr. J. N. BEACH, of West Jefferson, Ohio. ART. IV.—*Marriages of Consanguinity.* Abstract of the Report of Prof. S. M. BEMISS, with remarks, by Dr. A. D. LORD of the Ohio Institute for the Blind.

COLLEGE OF PHYSICIANS AND SURGEONS.

PROF. PARKER AND MARKOE'S CLINIC.

December 10, 1860.

TUMOUR OF THE TONGUE.

DR. PARKER.

CASE XVI. Tumor of the Tongue.—A. B., age 30, a laboring man, six or seven years ago had a chancre, which was treated in the ordinary way. Since then he had suffered with nocturnal pains, nodes upon the tibia, and other ordinary manifestations of constitutional syphilis. About eighteen months ago a small white pimple-like induration appeared in the centre of his tongue. This gradually extended itself in the lingual mass, especially involving its left half. For a year he had not been able to protrude the tongue from his mouth, nor to raise it above the level of the teeth in the lower jaw; the power of articulation is necessarily greatly impaired. There is little or no enlargement of the submaxillary and sublingual glands. In the back part of the pharynx is a swelling as large as half an egg. This appeared before the induration of the tongue commenced, and is probably of a syphilitic character; it may be a node growing upon one of the cervical vertebrae. It occupies the situation in which post-pharyngeal abscesses occur. Such abscesses are, however, very rare, and are usually connected with the tubercular diathesis.

Diagnosis.—The subjective symptoms in this case would seem to indicate that the tumor is benign in its character—the man is of a healthy family, and appears to have no other constitutional taint than that of syphilis; but from the objective symptoms, we should suspect malignant disease. The tongue is very liable to malignant disease, but it usually occurs in older persons, for the most part in those who are over forty-five. There is, it is true, a form of lingual induration which is dependent upon syphilis, which is one of the tertiary manifestations of that disease, and which yields to anti-syphilitic remedies. If this be of syphilitic origin, it will yield to potass. iodid, in scrupule doses three times a day. If it do not yield to this treatment, we must consider it as of a cancerous nature.

Treatment.—If this prove to be cancerous, there are two ways in which we may treat the case: 1. The lingual arteries may be tied, so as to cut off the supply of blood from the

American Medical Times.

SATURDAY, DECEMBER 22, 1860.

FACTS AND FALLACIES.

THE science of medicine is promoted and made efficacious for good, only in proportion to the number of *facts* upon which it is based; and since a great number of facts on a multitude of subjects are with difficulty acquired, medicine is a science which must always remain imperfect. And while the wisest practitioners will be careful to record their observations, and continue to feel that there is much to be learned, arrogant charlatans, blinded by the glare of false theories, boldly rush into thick darkness to the destruction of thousands of human beings. But unfortunately for the progress of science, it too often happens that pretenders have unintentional imitators, in much that is published, with the view of elucidating preconceived opinions. Hence it is that the dubious authenticity, and frequent fluctuation in the detail of cases, so often involve well authenticated principles of practice. The bias of the mind in favor of preconceived opinions is such, that no one who records cases with the purpose of proving a theory can be depended upon for a full record; and he, who only records such observations as happen to harmonize with a particular inference, brings reproach upon science. When the observations and experiments of such observers as these are repeated by scientific men, other truths are frequently brought to light, which are even more numerous than those which have been educated in favor of the hypothesis. And so often is this the case, that constant vigilance is necessary to distinguish the true from the false—that which conforms with established principles from that which is characteristic of a first view. All scientific persons are familiar with the precarious nature of deductions purporting to be based upon observations relating to subjects which have but recently become the objects of scrutiny; and no person who is conversant with such subjects, will fail to make a proper estimate of such achievements.

Scientific principles can only be established by an assemblage and classification of *all* the facts in a given case, regardless of the fate of the reasoning deducible from them. And those observers who have done most to advance the science of medicine, have accurately recorded all the facts in relation to the subjects under consideration; and although such observers often fail to make useful application of their own observations, they nevertheless prove themselves to be the true benefactors of science by contributing to the resources of their successors, who, in a more advanced state of science, may deduce from records of this kind the most important general principles. Such records serve to point out distinctions and analogies, which the state of learning at the time they were made was incapable of applying.

If the science of medicine was perfect, there would be no necessity of recording facts or of publishing illustrative cases, but while it is necessarily imperfect it is nevertheless progressive. The varying relations of man unceasingly demonstrate new conditions and new phases of disease, in many cases of which we have little else to guide us in the

treatment than the knowledge of remedies applied according to certain established principles.

Devotion to established principles, therefore, is always commendable, because its highest authority is *proof*. Facts—not persons—are authority in the science of medicine; and he who personifies the most of these, is most worthy of honor.

The most valuable knowledge which a physician can acquire is as to the manner in which he can beneficially vary the application of remedies to meet new diseases, or the new phases of old ones as they occur. And it is our deficiency in the perfection of this branch of medicine, which renders a *system of practice* constantly necessary. But the same devotion to facts which induced us to retain an accustomed remedy, should also induce us to abandon it for another supported by a still greater weight of authority; in this lies the distinction between the man of science and the mere routinist.

Every case of well studied disease furnishes a mass of information which can be acquired in no other way; and if all the facts in relation to a case be recorded, they will not only assist us in arriving at correct conclusions in the same case, but they will ever after be a valuable resource of comparison. If, on the other hand, we trust to our memories alone in the observation of disease, much that is observed will be forgotten, and in the long run the mind will become stored with more fallacies than facts:—circumstances of trivial importance which may have happened to chime in with preconceived notions will be remembered to the exclusion of more important matter. The different degrees of attention or interest in particular cases will tend to fix them in the memory, while the more important cases are forgotten. Rare, violent, and quickly fatal cases will be remembered, while the particular circumstances which have rendered them so, will never recur to the memory. Observations of this kind contribute nothing to the advancement of science. They are always more or less vague and unreliable, rarely serving any useful purpose. They are "experience" without a record—consisting more of opinions than of facts; knowledge that is burdensome to its possessor, and wearisome to an audience. But who that has really entered the lists of science—practising the truths that are known, and ever assiduous to elicit other truths—is not often made to lament the position of the revered veteran in default of a record? And of the veterans themselves, how many are there, indeed, who are often made to regret not having some other means than their memories by which their experience might be profitably applied.

It is evident that if we would arrive at correct conclusions we should make a record of the facts as they occur. The labor of recording observations is as nothing compared with its utility. For besides the fund of knowledge which is constantly accumulating, the habit of keeping it is of inestimable value in the cultivation of the judgment—its exercise constantly adds to the power of observation; and that which was at first a burden, becomes a pleasure from the facility with which it can be accomplished. The first aspect of a case of disease to such an observer, presents some idea of its nature; whether it be acute or chronic, and what functions are involved. The mind is at once fixed upon the most important points of study, and the way being open, the prearranged systematic means are progressively applied. The individual is designated as a subject of disease by his physical organization, and all his surroundings are weighed

in the balance against his present condition; and the state of his functions are inquired into *seriatim*. The results of such an examination are certain and uniform, and truths are evolved no less beneficial to science than to the observer.

When a large number of cases are thus carefully recorded, it is easy to determine the relative frequency of every phenomenon, and the comparison of each series of phenomena with the others will determine the relation of all. The process of analysing recorded observations is, of all exercises, the most beneficial in its influence; facts are generalized of perpetual utility, and these form the bulwarks of our science. Such records are the source of all the knowledge we possess. It is by them that we have become acquainted with the history of disease in different ages and countries; the appearance and the disappearance, the increase and the decrease of particular maladies, and the tendency of certain localities, professions, and modes of life to protect from or to expose to diseases of particular types; they are the source of all our knowledge of diagnosis and of prognosis, and they form the only convincing proofs of the efficacy of remedies. It is by records that we can prove the mortal effects of drugs ignorantly applied through the instrumentality of quacks, with no less certainty than we can prove the fatal effects of intemperance; and it is by them that we can prove that a great mortality is not a necessity of city population. It is by records that we can refute the notions of the skeptical—lay or medical—that the powers of the constitution are alone adequate to the cure of disease; and it is by records that we can show that few—if any—diseases can be safely left to the powers of the human system alone, without danger of permanent disability or premature death. Finally, and in brief, all the advance the science of medicine has ever made, has been made by a few utilitarians of every age who have followed the example of Hippocrates in **KEEPING A RECORD OF THEIR CASES.**

THE WEEK.

THE threatened secession of Southern medical students from the University Medical College, has at length been carried into effect, but not from political considerations. The grievance now is an alleged indignity offered to DR. AYLETTE, the well known preceptor of large classes of Southern students, by the authorities of that College. The following extracts from morning papers will give our readers all the information which we have of the nature of this movement.

The letter from Professor Draper at which the students have taken such umbrage, is as follows:—

DR. AYLETTE:—Dear Sir—Will you please give me replies for the use of the Faculty to the four following questions:—

1. Have you informed any student that it is not necessary to take out his tickets at the beginning of the session, and that the Faculty did not require their fees until Christmas?
2. Have you taken money from students who had brought it to New York for the purpose of paying their college fees, and invested it, for your own profit, with business men?
3. Have you, after receiving New York funds, given to any uncurred notes at a heavy discount, keeping the difference for your own use?
4. Have you failed to repay any student who had

deposited his money for safe keeping, on the excuse that those to whom you lent it were unable to keep their engagements with you?

Your early reply to these questions will greatly oblige

J. W. DRAPER,
President Medical Faculty, N. Y. U. M. C.

At a subsequent meeting of Dr. Aylette's students, the following resolutions were passed:—

Whereas, a communication was received by Dr. P. A. Aylette, our associate and friend, from Professor John W. Draper, President of, and in behalf of the Faculty of the Medical Department of the University of New York, propounding certain interrogatories, which, in their manner and language, we think, contain imputations against the character of Dr. Aylette, which we know to be unfounded and untrue, and which deservedly meet our unanimous disapprobation, and which, we regret, are calculated to militate seriously against the prosperity of this institution—in proof of which, we have only to look at the large majority of students from that section of the country which has been, and will be, influenced by the existing state of affairs. Therefore,

Resolved, That in our professional, social, and personal association with Dr. P. A. Aylette, we have ever found him the courteous gentleman, the prudent counsellor companion and friend; and that any imputation cast upon his personal integrity is untrue, and we boldly assert that the originator of these charges is guilty of a malicious and unprovoked slander.

Resolved, In our opinion, the long-continued and most successful instructions of Dr. Aylette, of which our predecessors and ourselves have been the recipients, in the medical department of this University, have materially contributed to the attainment of its present prosperity.

Resolved, That in our connexion with this institution, during the present and previous sessions, we have always found Dr. Aylette its unflinching friend; and in order to promote its interests has left no efforts untried to prevent students being led astray by the political agitation of the times. And so far from deriving pecuniary profit from the use of their money, has incurred, to our knowledge, personal loss in affording them accommodation, by the exchange of uncurrent for current funds.

We learn further, that PROFESSOR DRAPER immediately resigned his professorship in the University, on learning the action of the students, but that the Faculty have unanimously sustained him, and declined to receive his resignation. A subsequent meeting of the class strongly endorsed PROF. DRAPER's course towards Dr. Aylette, and deprecated his retirement from the college. We hope he will be induced to withdraw his resignation, as it would be a calamity to the entire profession of this country to lose as a teacher in our public institutions one so accomplished and so widely distinguished.

We are informed at the last moment that the course of Professor Draper has since been approved by nearly the whole class, and that few if any of the students will withdraw from the school.

We learn from *The World*, that the *Medico-Chirurgical College* has had another meeting, presided over by DR. JOHN O'REILLY. A paper was read on the "Nature and Treatment of the Reparative Process," which seems to have thrown the Reporter into an ecstasy, wherein he emitted the following sentimentalism:—"The beautiful coaptation of the busy harmonious activities which nature summons to repair an ordinary wound as soon as inflammation has subsided, are among the most instructive of those countless marvellous proofs of the Creator's wisdom and beneficence which fill that temple of mystery, the human body."

The PUBLIC will regret to learn that a member has lost a case of croup, and universal sympathy will be excited by the admission that the child died of gangrene! It is stated in this very authentic report: "that the child from whose throat was extracted the diphtheritic membrane, exhibited at the last meeting, had died two days afterwards, of gangrene." A more shocking termination of croup than that by gangrene the public cannot well conceive.

Reviews.

QUACKERY UNMASKED: or a Consideration of the most prominent Empirical Schemes of the present time, with an enumeration of some of the causes which contribute to their support. By DAN KING, M.D., Fellow of the Mass. Medical Society, N. A. New Edition. New York: S. S. & W. Wood. 1860. pp. 334.

We differ with Dr. King in regard to the method of giving to legitimate medicine a proper place in public estimation. He would expose the errors and deceits of irregulars to popular gaze, and thereby hope to create a sentiment adverse to their various systems of practice. But have not such efforts hitherto failed of accomplishing any good? We believe they have, and we are not inclined to consider that physician profitably employing his leisure time, who is engaged in the hopeless task of endeavoring to convince his neighbors, by mere words, that his competitor is deceitful. There is a more certain and pleasanter road to success in unmasking quackery than the one he has chosen. Let him put forth all his efforts to elevate his own profession in the scale of learning and moral excellence, and he will labor to some purpose. If he will every year establish in business in a country town, a *thoroughly* qualified physician, he will do more to exterminate quackery than by a thousand such volumes as this. True worth in our profession will always be well rewarded, and we have long been convinced that the true medical safeguards of a community are the young men who graduate from our hospitals fully appointed to take a high rank in society of moral and educational qualifications. For these reasons we regard such compilations as this of Dr. King as valuable time mispent by those who are competent to do for medicine a higher and nobler work.

AN EPITOME OF SURGERY. By J. BEADNELL GILL, M.D., late House Surgeon to the London Hospital. London: H. Baillière; New York: Baillière Brothers. 1860.

This little volume, which may be carried in the side pocket, consists of a concise explanation of all surgical diseases and accidents, and directions for treatment. It will prove oftentimes an acceptable pocket companion to the country surgeon.

AN EPITOME OF BRAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. In six parts—Parts IV., V., VI. By WALTER S. WELLS, M.D. Published for the author: By Charles T. Evans, New York.

The design of Dr. Wells in the preparation of this work, is to bring within a narrow compass the vast amount of material that has accumulated in Braithwaite's serial publication. To accomplish this, the author has re-arranged the entire matter under heads of subjects placed in alphabetical order, and then condensed each article so as to give only an epitome of its matter. In this manner he has been able to comprise the entire forty volumes of that publication in six Parts, which are to be bound in two volumes of moderate size. On careful examination of the several Parts, we are gratified to find that notwithstanding the immense compression to which Dr. Wells has submitted this standard

semi-annual, he has rejected nothing of value, but affords us the very essence of that voluminous publication in a cheap and most convenient form. He deserves the support of the profession in his undertaking.

MEMORANDA MEDICA; OR NOTE-BOOK OF MEDICAL PRINCIPLES, being a concise syllabus of Etiology, Semeiology, General Pathology, Nosology, and General Therapeutics. With a Glossary. For the Use of Students. By HENRY HARTSHORNE, A.M. M.D., Professor of Theory and Practice of Medicine in the Medical Department of Pennsylvania College, &c., &c.

PROF. HARTSHORNE has succeeded in preparing a very convenient note-book for medical students, of all that relates to a course on practical medicine. The work is divided into four parts as follows: Part I. *Etiology*; Part II. *Semeiology*; Part III. *General Pathology*; Part IV. *Nosology*; Part V. *General Therapeutics*. In each division the subjects are taken up in the order in which they would occur in a course of lectures, and brief explanations are given of the various terms employed, and the causes, symptoms, progress, and termination of diseases are minutely but briefly sketched. We commend the work to the attention of students.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, Oct. 24, 1860.

E. KRACKOWIZER, M.D., President, in the Chair.

ANOMALOUS TUMOR OF BREAST.

DR. KRACKOWIZER exhibited a rare specimen of mammary tumor, the history of which was as follows: Mrs. H., a native of Germany, at 35, widow, has been married only a few months, has had no children, always been in good health, and none of her relatives has had cancer. About the commencement of 1856 she noticed a small movable painless tumor inside of the right nipple. At first it grew slowly, but half a year after it had been discovered it attained a considerable size, and was the seat of not unfrequent, though not very great, pains. December 2, 1856, the breast was removed. The whole mass weighed three and a half pounds. The axillary glands were not affected. The wound healed three months after the operation. One year afterwards a tumor formed in the cicatrix, which, after six months, attained the size of a hen's egg. In consequence of the friction of the garments it commenced to bleed. The hemorrhages, though frequent, were not abundant. For two years she was in the hands of quacks, regular practitioners only being called once or twice for alarming hemorrhages. Such a one occurred May 28, 1859, which came very near carrying her off. The tumor gradually reached the present size, not growing much the last six months, never being very painful, and telling on her health only by repeated hemorrhages. She had no fever, and the axillary glands remained unaffected. Dr. Wm. Detmold removed it in October 18, 1860.

The mass was suspended by a skin pedicle an inch and a half in circumference, germinating from the cicatrix about midway. From this short pedicle the mass swelled out in a tumor six inches long, six inches wide, and two inches deep, which is best described by saying that it is the very

type of cauliflower excrecence. It resembled a huge condyloma by its many nodules of different size, divided by more or less deep fissures. Its color was that of healthy granulations, being on different spots on the surface of the nodules overlaid by a layer of white epidermic-like substance. The tumor weighed two and a half pounds, nowhere ulcerated on the surface, and was in all its parts firm and elastic. On being cut through it had a pale-redish amber color, reflecting the light like bacon. Its texture was mainly fibrous, the fibrous tracks taking their course and spreading from the common centre towards the surface, and expanding into a great number and variety of papillary appendices. A great number of lamina of pretty large blood-vessels showed themselves on the different cuts made in different directions in the mass. From each cut an abundant, sticky, transparent juice of pale amber color exuded. The centre of the tumor was occupied by a cavity running in the direction of the longitudinal diameter three inches long and two and a half inches wide. Its walls were formed by a layer of about one-fifth of an inch in thickness, of an appearance like macerated epidermis. The cavity, which, from the almost immediate contact of its walls, was reduced to a mere slit, contained a greasy, greyish white, grumous material, like *vernix caseosa*. The microscopical examination revealed a great variety of different textures, very rarely combined in the same tumor. 1. The juice gotten from cutting in the tumor contained a great variety of cells, some oval, some angular, some caudate and irregular, of the most fantastic forms, but all having the same large shining nuclei and nucleoli. Some cells contained two nuclei, each with a nucleolus, some one large, elongated, or biscuit-shaped nucleus with two nucleoli. No cell contained more than two nuclei, but the greatest number only one. Alongside of the cells just described were found fusiform and fibro-plastic cells of great length, with smaller nuclei than those of the cells just described. The serum in which these cells floated, by addition of acetic acid, coagulated into a fine, granular substance. 2. The texture of the solid parts of the tumor varied greatly, whether the objects for the microscope were taken from the surface of the cauliflower excrescences or from their interior. Objects from the surface showed nothing but epidermoidal and epithelial cells. These cells were arranged in strata of different thickness, according to the circumference, whether the objects were taken from the larger and more exposed nodules or from the more tender and smaller ones. The cells in the superficial strata were all like those of the same strata of the epidermis, folded, shrivelled to mere scales, many without a distinct nucleus. The more removed from the surface towards the substance of the growth the more regular and succulent became the cells, assuming the epithelial character of the pavement epithelium of mucous membrane of the mouth or vagina, from which they could not be distinguished by any means. The deepest layers had smaller, more oval or rounded cells, but all with the characteristic nucleus of epithelial cells, and entirely different from the nucleus of those cells which were described in the serum of the cancer juice. This arrangement of the different varieties of epithelial cells could best be demonstrated by making thin perpendicular sections of the walls of the above-named central cavity of the tumor. Thin sections of the interior of the growth showed as the base structure prevalently amorphous, here and there slightly striated connective tissue, in which were interspersed, without regularity, the cells described as floating in the cancer juice. This connective tissue was in many places interrupted by darkly striated tracts of seemingly fibrous structure, crossing and interlacing each other in different, mostly very acute, angles. If such objects were very thoroughly subjected to preparation with needles one could see sometimes on the edges of these tracts, that they consisted of fusiform and fibro-plastic cells of the same appearance as those suspended in the cancer juice. In very thin sections the addition of acetic acid brought out the nuclei of these cells beautifully, and corroborated the opinion that these tracts of seeming striated connective tissue

were composed of fibro-plastic cells very closely packed together in the direction of their longitudinal diameter. No epithelial cells could be found in the interior of the tumor, and it is worthy of remark that in none of the numerous sections put under the microscope could I detect an alveolar arrangement of the cells. A great number of blood-vessels transmigrated the substance of the tumor, and in a couple of objects I succeeded in tracing colossal capillaries forming long loops close under the epithelial stratum of the surface of the growth. Another peculiarity of the tumor was this, that in perpendicular sections, taken from any part of the walls of the central cavity, right below the epithelial stratum, the substance of the tumor showed a beautiful network of thick elastic fibres, which retained their dark, distinct contour for days in specimens subjected to the effect of acetic acid. From the premises I am inclined to class this tumor as far as its external appearance goes under those commonly called *papillary tumors* or *papillomas*. From its microscopic appearance, taking in consideration its rich vascularity, I should call it following the classification of Paget, *hard medullary carcinoma*. The combination with *epithelial cancer* on the surface is something new to me, and must be of very rare occurrence—at least I do not find it in some of the authorities which I consulted. Paget himself has never seen it, and mentions two observers as having found the combination of epithelioma of the breast as an original growth is apparent from the fact that Velpeau in the last edition of his *Maladies du Sein* expressly mentions that he does not know one case either in his own practice or in literature. In fact Paget is silent about it, so are Hannover and Frerichs, who wrote monographs of epithelial cancer.

The Society then adjourned.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, Nov. 21, 1860.

DR. JOHN WATSON, M.D., President.

NEW DEODORIZING AGENTS—A VIVIPAROUS FISH—HYGIENE OF THE SEWING-MACHINE—NEW INSTRUMENT FOR CRANIOTOMY—POSTURAL TREATMENT OF A LABOR WITH PROLAPSE OF THE FUNIS UMBILICALIS.

DR. B. FORDYCE BARKER called the attention of the Academy to three specimens of deodorizing agents which had been sent to him by Dr. Skinner, of Liverpool, for trial. They possessed two very important qualities: cheapness and efficiency. The first was composed of fifteen ounces of calcined oyster shells, and sixty-four grains of oil of tar. The second preparation was more easily made, and was composed of prepared chalk, $\frac{3}{5}$ xv.; caustic lime, $\frac{3}{5}$ i.; oil of tar, sixty-four grains. The third preparation, which was liquid, had the following ingredients: Tr. camphor, and myrrh, aa $\frac{3}{5}$ ii.; lin. saponis, $\frac{3}{5}$ ii.; acid. acetic. $\frac{3}{5}$ xx.; oil picis, q. s. M.

The first preparation, when used, should be amalgamated with from two to four table-spoonfuls of the finest dry bran. The application of the deodorants is very various—for instance, the powder prepared as above may be sprinkled upon the discharges in the chamber with the effect of correcting the unpleasant odor at once. The liquid preparation can be used with an injection—can be applied to the pudendal cloth, and be employed to very great advantage in cancer of the womb, incontinence of urine, etc., etc. Dr. Barker, in conclusion, highly recommended the preparations.

PROF. A. C. POST exhibited a specimen of a female fish, taken from San Francisco Bay, in California, containing within its abdomen a sac subdivided into a number of pouches, each of which contained a young fish. Until the year 1852, no viviparous fish was known to naturalists. On the 7th June of that year, Mr. A. C. Jackson caught

with a hook in quick succession, two fishes of the same species, male and female. On opening the female, he found it to contain in distinct pouches nineteen small fishes, which, when put into a basin of salt water, swam about in a very lively manner. He sent an account of the occurrence to M. Agassiz, who was at first disposed to be very skeptical on the subject. But the following year, Mr. Jackson and Mr. T. G. Cary, Jr., sent a number of specimens to M. Agassiz, who could no longer withhold his assent from the fact that the fish were truly viviparous. Mr. Agassiz found that, among the specimens sent to him, were two distinct species, belonging to the same genus. He named the genus *Embrotoeca*, and the two species, 1st, *Jacksoni*, 2d, *Caryi*. He regards the sac containing the progeny as the lower part of the ovary, and the pouches as formed by folds of the same. All these pouches communicate by elongated slits with the oviduct, which terminate a little behind the anus, and at its outlet is surrounded by a strong sphincter. M. Agassiz regards the pregnancy of this remarkable genus of fishes, as an example of normal ovarian *gestation*. The young does not seem to be connected with its mother by any umbilical attachment.

Professor Agassiz has published a paper on these fishes in *Silliman's Journal* for Nov., 1853.

DR. A. K. GARDNER read a paper on the hygiene of the sewing-machine. (See page 420.)

DR. DOUGLAS said: None of us will deny the great benefit of any machine the object of which is to relieve labor; but, sir, it strikes me that Dr. Gardner has not gone to the true sources for his information—to the operatives themselves—but seems to have held communication only with the employers. I have had my attention drawn to this subject during the last few years, and have made some investigations in relation to it. Instead of going to the proprietors of large establishments, I sought information from those who had the supervision of the operators, and also the operators themselves. A woman who has charge of fifty girls employed upon the machines, told me that many of them were obliged to be in bed every three or four days during a month, and that in almost every instance during their menstrual period they were obliged to refrain from work. She had also seen some go into a rapid decline. Another point which he makes in relation to the effect of the work upon the eye, I think is incorrect. In many instances that have come under my observation, not of poor girls in factories, but ladies possessing machines, the eyesight has become so much affected that they were obliged to give up the use of the machine.

DR. GARDNER maintained that Dr. Douglas's idea of the paper was an incorrect one. Dr. G. had not only obtained his information from the employers, but also had the direct testimony of the operators themselves. In regard to ladies using the machines in their own families, he stated that the want of knowledge and practice caused them to work unnecessarily hard, hence the straining of the eyes and prostration. On the other hand, those accustomed to the work could talk and look about the room during the greater part of the time, the main trouble being to prepare the work for the machine.

DR. DOUGLAS, though he regarded the machine as a very useful invention, did not think that in itself it was possessed of any hygienic properties. So far as it lessened the time for labor and decreased its amount it was well enough; but, on the other hand, the constant movements of the lower extremities in a sitting posture would tend very naturally to produce congestion consequent upon the increased flow of blood to the parts, which disposition extending to the neighboring organs, would give rise to a corresponding hyperæmia of the pelvic organs with all its attendant ills.

DR. BARKER referred to a case of a lady who was a patient of his, and who had some time ago purchased a sewing machine. It was a very fascinating employment for her to sit beside it and sew, and finding it difficult to use both feet, she used only one. The consequence of this was that at the end of a fortnight she suffered from an attack of

acute synovitis in the knee of that side, which confined her to the house for several months.

DR. T. G. THOMAS next exhibited a new instrument for the performance of craniotomy, and gave also the following account of the various instruments which had been invented for that purpose.

Since the period at which the operation of craniotomy was first established for the relief of dystocia, a large number of instruments have been invented for the performance of both its parts, perforation and extraction. In connexion with those intended for the former it is my intention to occupy for a few moments the attention of the Academy this evening. In ancient times quite a variety of perforators were employed, into a lengthy history of which it will be altogether unprofitable to enter at the present moment. Avicenna employed instruments which at the same time that they perforated served as crotchetts; Mauriceau followed his example, the tire-tête of the latter being too well known to require more than a mention. Sevret, Dionis, Fried, and others, made use of instruments which were guarded, and Sir Fielding Ould, at a still later period, invented one called the "Terebra occulta" which consisted of a species of sheath containing a knife which could be projected at will. By some a simple bistoury or ordinary surgical knife has been employed; by others a plain spear of steel with a head like that of an arrow, while others preferred a species of scissors whose cutting edges were on their outer borders.

But as my intention is not to give a history of this instrument I will pursue the subject no further. It will be sufficient to give some idea of the great variety of perforators at various times introduced, to state that in the thesis of a young Frenchman, who wrote in the year 1832, sixty were mentioned. How many have since been added to the list we will not stop to inquire, but will at once proceed to those most recently invented, and most commonly used at the present day.

Beyond all comparison the perforator known as Smellie's scissors is more commonly employed than any other. This instrument, too well known to require a description, has been modified in various ways. By Denman the shoulders were altered and the inner edges of the blades made dull; by Naegle the joint was so changed that the blades could be separated by compressing the handles; by Davis the entire shape of the instrument was altered, while the principle of action of Naegle's instrument was preserved, and many minor modifications have at various times been suggested by others. The majority of physicians have never employed any other than one of these varieties.

Recently Mr. Hypolite Blot, of Paris, has invented an instrument acting upon precisely the same principle as the scissors of Smellie, but consisting of two discs of steel shaped like arrow-heads, which, being introduced lying one on the other, are separated at will, and thus cut with the outer edges, which are sharp.

In Germany a species of guarded trephine is, as I am informed by Dr. Noeggerath, commonly employed. Upon theoretical grounds I should suppose that it would not act, but Dr. Noeggerath tells me that it is both speedy and facile of application.

Although Smellie's scissors answer the purpose for which they were intended, they are by no means perfect, and really it is surprising that they should have so long held precedence over all other varieties. I do not express surprise that they are preferred to all others now before the profession, for they are really as good as, or better than, any of their competitors; but it is astonishing that so many efforts should have left us so much to desire in an instrument of such importance to the obstetrician and his patients. It is with an earnest hope that some of the dangers and inconveniences attached to them may be avoided, that I have been induced to bring forward a new instrument at this time.

The chief of the objections to Smellie's scissors are these:—

1st. It is difficult to penetrate the bones of the skull when much ossified, sometimes almost impossible.

2d. In forcing them against the round head they are very apt to slip and cut the mother.

3d. The operator cannot open them himself, and has to trust this to an assistant, one of his hands holding one shank and the other guarding the points.

4th. As the outer edge of each blade is cutting, it is difficult to guard both at the same moment, and sometimes, jerking rapidly through the tissues, the os is wounded.

The instrument which I now show consists of a steel or iron tube ten inches long (with the handle, thirteen inches), which ends in a screw, has a shoulder two inches from its extremity, and hides within itself a cutting blade which is thrown out of its bed by the hand of the operator. The blade joins the body by a slot and pivot, which renders its removal easy for purposes of cleansing. It is hoped that it will possess these advantages.

1st. There is no difficulty of introduction, for the screw being a double one catches readily in the scalp, and penetrates the skull with the same ease and by the same force which would cause a gimlet to enter wood.

2d. It will not slip, for it is not pressed against the skull at all, but is wormed in by the process of boring.

3d. The operator himself throwing out the blade, he can regulate its progress, and thus prevent its cutting the surrounding parts—an advantage, however, possessed by Naegele's instrument.

4th. There is only one cutting edge, and, consequently, this is easily guarded, the attention of the operator not being distracted by one on the other side acting in a different direction. Two or three essays have convinced me that the instrument will penetrate the skull with great facility, certainty, and safety for the mother.

In presenting it to the Academy, I wish to be distinctly understood as in nowise entering a plea for a more frequent resort to craniotomy, an operation which must diminish in frequency of performance *pari passu* with the advance of the obstetric art. But if (as no one will deny) this sad operation must in some cases be done, it were better that it were well done.

Any instrument from Smellie's scissors to an ordinary pocket knife, will answer for its performance in the hands of an adept; it should, however, be remembered that instruments should not be framed to suit adepts, but maladroit and inexperienced operators. Nor should they be constructed to aid in giving brilliancy to the skilful surgeon; they should, as far as possible, protect the tyro from the misfortune of doing injury by reason of his incapacity or inexperience, and his patient from suffering at his hands.

So many trifling and insignificant modifications of the various instruments employed by the obstetric surgeon have been made of late years, that a prejudice against further change seems to have sprung up in the minds of many practitioners who, when improvements are suggested, are inclined to quote such hackneyed phrases as these, "one instrument answers as well as another," "an ordinary jack knife will do as well as anything else," "it is not the instrument but the hand which uses it which insures success," and many others to the same effect. But what can be more thoroughly opposed to progress than such views? What can be more culpable than for those having human life in their keeping to frown upon advances in the implements which not only they, but many who have just graduated, many who unfortunately are very ignorant, and many who have never before operated have to employ, and this too in an age when the rifle and other implements of war, the machines used in agriculture and in housewifery, in fact all

those employed in civilized life, are engaging the studious attention of thousands of ingenious mechanicians? No one will deny that the speculum of Sims, the forceps of Elliot, and the lever of Gardner, are great improvements upon those employed twenty years ago; and all will admit that however skilful the hand, however capable the operator, the inconvenience, suffering, and danger resulting from their use will be much less than if older instruments were still adhered to.

Finally, let me call attention to the fact that although the steps of the operation of craniotomy are simple, its mortality is very great, according to Dr. Fleetwood Churchill one in five mothers perishing, and of course all the children being sacrificed. Surely whatever may diminish one tithe of this mortality is well worth the careful study of the medical profession.

DR. WOODHULL.—I have had occasion to perform the operation of craniotomy three times, and can fully endorse the objection to Smellie's scissors as offered by Dr. Thomas. I think that the thanks of the profession and the mothers are due to Dr. Thomas for introducing this grand instrument.

DR. BARKER.—After listening to the model paper by Dr. Thomas it would hardly seem possible to add any remarks which should attract the attention of the Academy; and I do not propose to, except simply to express my thanks to the author for the instrument, which I had the pleasure of examining a few weeks since. I never have applied it, and I hope the time will be long before an opportunity offers to do so, but the instrument seems to me to perfectly and safely fulfil its end more than any I have ever seen. I only rise to express the hope that Dr. Thomas will construct for us another instrument which shall be equally efficient in accomplishing the other part of the operation—the extraction of the child; for we certainly need a new instrument for that purpose. I only wish to fully endorse one sentiment in the paper, that "as obstetric medicine progresses, the necessity for operation will diminish in the exact ratio."

I am happy to have an opportunity to add a word to the praises which this instrument has received. I am glad to do so, because from frequent use of the instrument I am somewhat acquainted with the deficiencies of former patterns and the necessities of the instrument. In the cases where I have performed craniotomy during the last sixteen years, from thirty to fifty in number—I cannot exactly say how many, mainly in consultation among the poor residents of the city—I have ordinarily used an instrument differing from any shown here by the speaker, a scissors having sharper cutting edges than that presented to-night, but guarded by a metallic slide which entirely prevented any injury from being effected by it while introducing it. But, when the point of the instrument had been carried up to the point—necessarily to some distance, when the head was above the brim in distortion of the pelvis—and the guard removed, then these sharp edges did no little damage, if not to the soft parts of the mother, at least to the fingers of the operator, as cuts upon my hands remaining for two or three weeks have repeatedly evidenced.

Then, too, all of the instruments used till now are to be thrust forcibly through the calvarium—and books of obstetrics especially advise, in opening the head, to avoid the sutures and foramina—and sometimes they will slip and then the sharp point and edge go into unknown parts, and are perhaps sometimes the cause of the opportunity for the subsequent post-mortem investigation. With the instrument now exhibited such accidents cannot happen.

It will also be found especially adapted in those rare cases where it is necessary to diminish the head through an undilated os, as in cases which I have recorded in the American edition of *Tyler Smith's Obstetrics* (Lecture XXXIV.). It is evident that with it there will be no danger of injuring the cervix uteri, unless by the most culpable carelessness in the manipulation.

Another point of excellence in this instrument—and



which I had the opportunity to see during its creative state, when attending a patient in consultation with Dr. T., where, in the prospect of its use, he was engaged with an old file in polishing some of its roughnesses—is in the extent which may be given to the opening made in the head. Most of the many modifications of Smellie's scissors are made so dull, in order to avoid injury, that they require great force to make any opening, and the small limit of their separation prevents this from being made sufficiently large to allow the exit of its contents and the desired collapse which follows.

Thus we have the old perforator, as it would appear now, fully perfected, being alike a blessing to mothers, a convenience to the obstetric operator, and a lasting honor to its ingenious creator.

Dr. MARTIN read the following:—On the morning of the 11th of November last, Mrs. D., aged 32 years, in labor with her fifth child, had very severe labor-pains for three hours, the most of which time she was on her feet, when the membranes were ruptured, and a large amount of liquor amnii was discharged. She then sent for me. After she was put to bed I found the os uteri fully dilated and relaxed—the occiput in relation with the left acetabulum—the vertex well down—and the head about to enter the superior strait. The vagina, below the vertex, was filled with coils of the funis, in which pulsation was tolerably distinct, in the absence of pain, but scarcely perceptible when the head was forced down by a labor-pain. The cord had descended at the curve of the brim between the right sacro-iliac synchondrosis and the promontory of the sacrum.

The patient was immediately placed upon her knees, with her face down upon the pillow, as recommended by Dr. T. Gaillard Thomas in his "Essay on Prolapse of the Funis." The fingers of the left hand were then introduced, and efforts made to replace the cord. But its coils could not, in that manner, be conveyed to the point from which gravitation would cause them to slide down into the body of the uterus. The hand was then introduced, and the fingers passed along the side of the foetal head, carrying the cord to the brim at the sacro-linea pectinea, and holding it there until the last loop glided downward over the breast of the child. If the funis had descended on the pubic side of the head it could, no doubt, have been easily returned by the fingers. But when it passes down to the position in which I found it, at the time the membranes are ruptured, or afterwards, the operation, as Dr. Thomas has shown, will almost certainly prove a failure unless the whole hand be introduced.

After the withdrawal of the hand, the labor-pains were very strong and frequent. But I soon found that if gravitation aided in the restoration and retention of the funis, it also acted with decided effect in delaying the entrance of the foetal head into the cavity of the pelvis sufficiently to prevent a recurrence of the prolapse, when a change in the position of the patient should be made. For the longitudinal axis of the uterus being nearly vertical, the recession of the head, during the intervals between the labor-pains, was much greater than usual, and the progress of the labor, closely observed for half an hour, was scarcely perceptible.

To meet this difficulty I placed a small blanket, folded into a thick cushion, between the bed and the uterine tumor upon which it rested in the absence of pain, and during each labor-pain I passed the right hand under the fundus uteri and pressed upward, in the direction of the superior strait with sufficient force to counterbalance the weight of the uterus and its contents. I now had the satisfaction to find that in twenty minutes the head had entered into the cavity of the pelvis. The patient was then turned upon her back, and in thirty minutes more the labor was terminated as if there had been no complication from the beginning. Mother and child did well.

This is the first labor, with a prolapse of the funis, that has occurred in my practice since Dr. Thomas read his

valuable paper on the subject before the New York Academy of Medicine; yet, such was the confidence that I had in the plan of treatment he proposed, that I did not entertain the slightest doubt as to the result, from the moment my finger touched the cord until the woman was delivered. And it may be safely asserted that henceforth this complication of labor will cease to be a terror to the accoucheur; and that experience will soon give the "Postural Treatment," in such cases, "its proper place among the resources of obstetrics."

Dr. WOODHULL referred to a case of prolapsus of the funis that was relieved by a resort to Dr. Thomas's method. The Academy then adjourned.

Correspondence.

LIND MEDICAL COLLEGE—CITY HOSPITAL OF CHICAGO.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The object of this communication is to make some corrections of statements made by your correspondent "Pilula" of this city. It is asserted by him that the number of students in attendance upon the lectures of the Lind Medical College is less than last year, that the course is not satisfactory, and also "discouraging to those who inaugurated the new plan of elevating the standard of medical education." The class this year numbers over forty very intelligent students—besides some practitioners from different sections of the North-West—an increase of 50 per cent. over the last year's class. The friends of the institution have yet to learn that its measure of usefulness is governed by the number of students matriculated. The fact that the College gives a *bonâ fide* course of over five months, without the usual clap-trap preliminary lectures, that she demands of the students that they shall pass rigid examinations, not only during each session, daily, but at the close of it, before they are advanced to the study of the more difficult and practical branches of medicine; that they shall be proficient in anatomy, before they attend lectures upon surgery, for instance; that they shall be proficient in inorganic chemistry, before they attend lectures upon organic chemistry, toxicology, or medical jurisprudence; explains why the halls of the College are not filled, as they might otherwise be, with undesirable students who can never adorn the medical profession, and explains the reason why the present class are enthusiastic in their studies—hard-working, feeling that their diplomas will be of some credit to themselves. The friends of this school aim, and will succeed in always giving to the public only well qualified and useful physicians, no matter how few. The school is well endowed through the munificence of SYLVESTER LIND, Esq., and the professors have not the slightest *pecuniary* motive to swell the classes by accessions of ill prepared students only prompted to attend lectures simply for a diploma.

Again, your correspondent has made frequent mention of what he calls the "City Hospital of Chicago." Our city has a hospital *building*, but no *hospital*. Four years ago, or thereabouts, the building was completed by the city, and an attempt was made to organize a medical staff composed of regular practitioners and homeopaths. Some of the former accepted their appointments, others refused them; and whilst the profession were like to have a pretty quarrel over the thing, the new Mayor found that the city authorities had no right to construct, much less to open and support a hospital, and they so decided, this duty evidently belonging to the county officers or board of supervisors. The latter were unwilling to undertake it, as they provided for the sick poor at the county house, and could see no need for it at present; hence the building was

idle pending the informal negotiations for its *sale* by the city to the county. Since then some half-a-dozen physicians obtained permission to use the building, and received from the city a lease for three years free of rent, they keeping it in repair, opening it at their own expense, and agreeing to receive such patients as the authorities send them at three dollars per week. They succeeded in obtaining a so-called warden, who moved into it and receives boarders; the sick to be gratuitously attended by the physicians *when so understood*. These physicians are *self appointed, responsible to no authority*, during the term of their lease, and are repudiated by the city, as shown in the following extract from the *Chicago Democrat* of Sept. 6, 1860, edited by John Wentworth, *the present Mayor of the city*.

"CITY HOSPITAL.—It is well known that the City Hospital has been leased to several allopathic physicians of this city, *who alone are responsible for its management and for all its liabilities*. We have been requested to publish the following extract from their report, and shall be willing to do the same for any of the other hospitals of Chicago. The report speaks of these physicians having the exclusive patronage of the county. Lest we should be called upon by other hospitals to explain this, we state that the county physician is one of the lessees from the City. The following is the report," etc., etc.

INDEX

CHICAGO, Dec. 8, 1860.

NEW YORK ACADEMY OF MEDICINE.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—You have rendered good service to the medical profession throughout the country by your exposure of the abuses in the N. Y. Academy of Medicine, more especially that of *advertising its proceedings* in the newspapers. We, in Connecticut, have watched with much interest the rise and progress of this great metropolitan institution. We have rejoiced in the good influence which, in its earlier years, it exerted in promoting the cause of legitimate medicine and of sound medical ethics; and we had gladly hoped that this influence for good would always have been sustained. But, for the last few years of its history, these hopes have been doomed to disappointment. What has produced this change? Why do we no longer hear from the venerable founders, the great and shining lights of former days, and why are their once familiar faces no longer seen? Young men have usurped their places; *stereotyped* speakers waste the time and weary out your patience with their *ceaseless eloquence* and petty bickerings. We ask, Messrs. Editors, has not the Academy departed from its legitimate aims? Has it not become an instrument in the hands of a few individuals, to subserve their own private ends? Is it not for this reason that *reporters for the daily press* have been tolerated, and even invited to be present; and do not some Fellows of the Academy themselves (*proh pudor!*) furnish reports for the newspapers? We consider that this cause, above all others, has most contributed to the downfall of the Academy. In confirmation of these views, permit us here to quote the language of the *Boston Medical and Surgical Journal*.

"We are entirely unable to account for the action of the Academy. The profession must be in a lamentable state in New York, if it not only appeals to the public through the columns of daily newspapers, but tamely submits to abuse from the same papers. We are not aware that the scientific proceedings of medical societies are regularly published in the daily papers in any other city of the world except New York. The impropriety of the thing is obvious. The subjects of discussion are frequently such as are not suitable for the public eye, and especially for the perusal of females and children. Gentlemen might often be debarred from reporting unsuccessful cases (often the most instructive), if they are to appear in the columns of a public newspaper; and, finally, the whole thing is an appeal to the public—*in other words, quackery*—and we

wonder that respectable medical men should stand in such awe of the 'press' as to submit to it. We presume the result will be, that those members who desire to meet for improvement will desert the Academy, and frequent other societies whose proceedings are only reported in regular medical journals."

The *New Jersey Reporter* speaks out in still stronger language. But we have already occupied too much of your valuable space. Let us hope that, with the new regime, a better order of things may be inaugurated. We are the friends of the Academy, "tho' we thus speak." In conclusion, we would say, Gentlemen Fellows, reform your ways, sustain the dignity of our high calling, *leave advertising to quacks*, and better days are in store for you.

CONNECTICUT.

FOREIGN CORRESPONDENCE.

LONDON.

NOVEMBER 7, 1860.

Nov. 6, last evening, Dr. McWilliam read a paper by PROF. SIMPSON before the Epidemiological Society, on *Notices of the appearances of syphilis in Scotland in the last years of the fifteenth century*. After noticing the various opinions as to the time of the first appearance of syphilis, the writer took it as a settled fact that the disease was first recognised in Italy, about 1494-5, at the invasion of Charles VIII. of France, and was seen in its most marked form at Naples. The disease spread northward on the return of Charles's army, and soon made its appearance among the Swiss and Germans, and finally reached Scotland. An edict of the Town Council of Aberdeen, in relation to those infected, was issued in 1497, and that of Edinburgh soon after. Many quotations from writers of that period, as well as official documents, were given, showing the nature of the disease. It appears that James IV., then on the throne of Scotland, had some knowledge of medicine and surgery, and even practised the latter branch. From the entries in his expense book it seems that he was accustomed to pay his patients for submitting to his treatment. The deductions of Prof. S. are that, *first*, from the interest manifested in this disease it must have been unknown before; *second*, if syphilis was first known in Britain at this period, it is not a species of gonorrhœa or leprosy, both of which were well known in this country prior to that date; *third*, its mode of propagation was supposed to be by means of clothing, baths, and even by the breath, but not by sexual intercourse, which was even recommended for its cure. An interesting discussion followed, in which Dr. Copland and Dr. Babington participated.

Medical News.

APPOINTMENTS.

ST. VINCENT'S HOSPITAL.—Dr. P. J. CLARKE, as Attending Physician, in place of Dr. MURRAY, who has been appointed Consulting Physician.

MARRIAGES.

SHRADY—LEWIS.—At the Church of the Incarnation, N.Y., on Wednesday, Dec. 19th, GEORGE F. SHRADY, M.D., Associate Editor of the "American Medical Times," to MISS MARY LEWIS, of Ulster Co., N.Y.

DEATHS.

BRINSMAN.—At Troy, N.Y., on Tuesday, Dec. 11, of consumption, JANE ELIZABETH, only daughter of Dr. Thomas C. and Elizabeth Brinsmade.

ACADEMY OF MEDICINE.—During the year the following gentlemen have been elected Honorable Fellows:—Dr. MATTHEWS SPALDING; Dr. ELI IVES, Sr.; Dr. REUBEN MESSEY; Dr. RENE LAROCHE; Dr. WM. GIBSON. As non-resident Fellows:—Dr. HENRY VAN ARSDALE; Dr. C. A. LEE;

Dr. FRANCIS BERGER; Dr. F. CAMPBELL STUART; Dr. F. M. JOHNSTON. The following resident Fellows have affixed their names to the constitution:—Dr. J. S. THEBAUD; Dr. WM. R. DONAGHE; Dr. ROBT. RAY, Jr.

From the annual report of the trustees, it appears that the total amount of building fund in their hands is \$4001 42, of which \$2500 is invested on bond and mortgage at seven per cent. interest, and the balance deposited in different savings banks. The treasurer, Dr. J. O. Pond, reports that the receipts of the Academy during the last financial year have amounted to \$998 74, in addition to which there was a balance on hand at the time of the last annual report of \$433 67, making an aggregate amount of \$1433 41. Of this amount, \$200 has been added to the building fund. This sum, with bills paid for printing and for current expenses of the Academy, and bills already audited and remaining unpaid, will leave \$233 30 in the treasury of the Academy at the present time.

PSYCHOLOGICAL JOURNAL (London).—This excellent quarterly periodical, devoted to the interests of psychological medicine, is about to commence a new series, under the title of THE MEDICAL CRITIC AND PSYCHOLOGICAL JOURNAL, and enlarged to 200 pages. A series of Essays are announced on the present and prospective condition of the medical profession, in its moral, social, political, literary, and scientific relations. This Journal is the private property of its distinguished editor, Dr. FORBES WINSLOW.

THE YEAR-BOOK OF THE NEW SYDENHAM SOCIETY.—The first volume of this series just issued, meets with universal condemnation at the hands of the London reviewers.

OX GALL IN FROST-BITE.—Assistant Surgeon John Moore, of Camp Scott, Utah, states that he has employed fresh ox gall with great benefit, where the injury is superficial; it is applied as a liniment, or by pieces of lint saturated with it.—*Army Reports.*

TO CORRESPONDENTS.

Lectures and papers are on file from Dr. JAMES R. WOOD; Prof. AUSTIN FLINT; Prof. B. F. BARKER; Prof. A. K. GARDNER; Dr. LEWIS A. SAYRE; Dr. W. H. CHURCH; Dr. WM. M. THOMSON; Dr. J. BARRY THOMPSON; Dr. NELSON S. DRAKE.

An Appeal to Country Practitioners.—Can you not draw out more of our country practitioners? There are many men in practice, in country towns of sound judgment, great practical tact, and, withal, ready writers. Such should be prevailed upon to write more for medical periodicals. Diseases in the country differ greatly from those in the city, and again the same disease varies much in different localities. Now, one of the highest sources of profit which a weekly periodical opens to the profession, is this free and constant interchange of opinion which it establishes among medical men widely separated. I desire to see more country practitioners avail themselves of such advantages.

GREENE, CHENANGO Co., N. Y., Dec. 14.

A. W.

[We cordially approve of the suggestions of A. W., and beg to commend them to the serious consideration of an Ex-President of the State Medical Society, who, though a country practitioner, never fails to interest and instruct when he contributes his experience and opinions to Medical Journals. We should be pleased, and especially at this time when diphtheria and other epidemic diseases are prevailing widely, to receive communications from country physicians, in all parts of the country, relating to prevalent or other diseases. The great attraction and highest recommendation of a weekly periodical are that it may and should be the medium of a constant and rapid interchange of the opinions and the experience of medical men widely scattered.]

Mortality of Chicago.—By calculation, based upon the last census, I find our ratio of mortality in this city to be as one to fifty-eight for the last two years. More than five-ninths of the whole number of deaths occur among children of five years and under. How much better are these figures than those of New York, Philadelphia, Boston, etc.? Can you give us the comparison? We count from October 1st, 1858, to October 1st, 1860.

CHICAGO, Dec. 12th, 1860.

At What Age does a Professor become Incompetent to Teach?—I would like to ask "Inoc," at what age a medical man becomes unable to keep pace with the improvements of the age, and what is that "somewhat advanced age" at which Professors in our medical colleges are no longer competent to instruct classes in the latest improvements in the medical sciences? This assertion has a very wide application, and, I for one, should be glad to know about the age designated. Your correspondent feels badly, but he has felt so for a year or two.

W. A.

Diphtheria in Oneida, N. Y.—We look forward with much interest to Prof. CLARK's promised lectures on diphtheria. This frightful disease is prevailing at present in our city. Several of our most prominent and wealthy citizens have lost children by it during the last few days. If there is a remedy, for Heaven's sake let us have it.

Oswego, N. Y., Dec. 14, 1860.

F. E.

Is Calomel ever Useful?—A reviewer of Dr. Holmes, and an ardent admirer of the whims of that medical wag, in the Charleston *Medical Journal*, asks:—"Let any intelligent and candid physician of large experience ask himself the question, what positive good can you affirm has, in your practice, followed the administration of calomel? and he will find it, we venture to predict, by no means an easy one to answer." The fools among medical writers at least, are not all dead yet, it seems. It is truly astonishing, that any man, who has had any experience at the South, in the treatment of acute diseases, could venture such a stupid assertion, in a respectable Journal. I will, on another occasion, answer that question.

CHARLESTON, S. C., Dec. 1, 1860.

COMMUNICATIONS

Prof. S. D. GROSS, Pa.; Dr. S. R. PERCY, N. Y.; Dr. WM. MASON TURNER, Va.; C. T. EVANS, N. Y.; Dr. IGNATIUS LANGER, IOWA; Dr. WILLIAM O'MEARA, N. Y.; Dr. S. D. WILLARD, N. Y.; Dr. A. N. BELL, N. Y.; Dr. JOHN G. MEACHEM, N. Y.; Prof. P. A. JEWETT, Ct.; Dr. J. G. ADAMS, Ct.; Dr. THOMAS C. BRINSMAN, N. Y.; Dr. WM. K. CLEAVELAND, N. Y.; Prof. EDWARD WARREN, Md.; Dr. JAMES E. REEVES, Va.; Dr. F. EVERETT, N. Y.; Dr. A. WILLARD, N. Y.; Dr. NELSON S. DRAKE, N. Y.; Dr. RICHARD S. COOLIDGE, D. C.; Dr. JAMES R. BIRD, N. Y.; Dr. WM. H. JONES, III; Dr. J. S. RAYMOND, Mich.; Dr. J. M. GAZZELL, Va.; Dr. A. ALLEN, N. Y.; Dr. A. H. POWELL, Va.; Dr. P. A. JEWETT, Conn.; Dr. R. G. BOGUE, III; Drs. SAMUEL AND YANTIS, Ky.; Dr. W. J. McCAIN, Texas; Dr. J. A. YEDDELL, N. Y.; Dr. G. H. BARTON, Vt.; Dr. H. W. SMITH, N. Y.; Dr. A. A. DOTY, Vt.; Dr. G. CAULIER, S. C.; Dr. J. B. THOMPSON, N. Y.; Dr. J. EMERSON, N. H.; Dr. W. B. ATKINSON, Pa.; Dr. J. P. PHILLIPS, Conn.; Dr. R. H. STONE, Vt.; Dr. W. L. PECK, O.; Dr. J. LAMB, Ind.; Dr. L. DAVENPORT, Mich.; Dr. G. HEATON, Mass.; Dr. F. CUNNINGHAM, Pa.; Dr. W. H. DEAN, N. Y.; Prof. A. T. WOODWARD, Vt.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 8th day of December to the 15th day of December, 1860.

Deaths.—Men, 75; women, 97; boys, 102; girls, 98—total, 372. Adults, 172; children, 200; males, 177; females, 193; colored, 10. Infants under two years of age, 147. Among the causes of death we notice—Infantile convulsions, 27; croup, 14; diphtheria, 13; scarlet fever, 24; typhus and typhoid fevers, 2; consumption, 56; small-pox, 4; dropsy of head, 13; infantile marasmus, 18; inflammation of brain, 9; of lungs, 29; bronchitis, 7; congestion of brain, 13; of lungs, 5; erysipelas 8; hooping cough, 2; measles, 1.

Dec.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb, Therm.		General direction of Wind.	Mean amount of cloud.	Rain.			
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.						
9th	30.67	.07	28	21	35	4	6	W.	2				
10th	29.70	.54	33	30	27	2	2	SW.	10				
11th	29.71	.31	33	25	41	5	8	SW.	3				
12th	29.70	.29	30	25	36	4	6	S.W.	7	1.04			
13th	29.74	.31	30	29	40	5	8	S.W.	1				
14th	30.21	.59	15	9	22	3	4	N.W.	0				
15th	30.34	.21	18	9	16	3	3.5	N.E.	9.9				

REMARKS.—9th, Cloudy late P.M.; 10th, snow, hail, and rain after 9 A.M. 11th, clear P.M., wind fresh; 12th, clear P.M.; 13th, wind fresh, and cold P.M.; 14th, wind fresh all day; 15th, wind fresh 4 P.M. [Note.—When the outdoor temperature is below 32 degrees the degree of evaporation is determined in an open room kept slightly above the freezing point.]

MEDICAL DIARY OF THE WEEK.

Monday, Dec. 24.	NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M.
Wednesday, Dec. 26.	BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M.
Thursday, Dec. 27.	EYE INFIRMARY, Diseases of Eye, 12 M.
Friday, Dec. 28.	BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M.
Saturday, Dec. 29.	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrison, 1 P.M.
	NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M.
	BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M.
	NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M.
	BELLEVUE HOSPITAL, Dr. Church half-past 1 P.M.
	EYE INFIRMARY, Diseases of Eye, 12 M.
	BELLEVUE HOSPITAL, Dr. Wood, half-past 1 P.M.
	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrison, 1 P.M.
	NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M.
	EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 3 P.M.
	EYE INFIRMARY, Diseases of Ear, 12 M.

SPECIAL NOTICES.

BELLEVUE HOSPITAL.—On Saturday (this day), December 22, Dr. JAMES R. WOOD will operate in a case of necrosis, and continue his course on Operative Surgery.

BELLEVUE HOSPITAL.—On Wednesday, December 26, Dr. LEWIS A. SAYRE will lecture on Diseases of the Knee-Joint.

Queru's Cod Liver Oil Jelly.



Approved by the N. Y. Academy of Medicine, and containing truly 85 per cent. of oil as demonstrated to the Academy, Section of Materia-Medica, by operating before them the 17th of Sept., 1859.

This Jelly is acknowledged to be twice as efficacious as the crude oil, because being made a solid it is retained in the stomach however disordered it may be; when, on the contrary, if the stomach is not in a proper condition (as in most of the cases where the oil is indicated), the liquid oil will pass off undigested, and consequently ineffectual.

The Jelly is prepared either from the white American or the light brown Norwegian Cod Liver Oil.

QUERU'S JELLIFIED CASTOR OIL.

E. QUERU, Practical Chemist, 133 Fourth Avenue, New York.
Penfold, Parker & Mower, 15 Beekman Street, Wholesale Agents.

Otto & Reynders, Manufacturers and Importers of SURGICAL, ORTHOPEDICAL, and DENTAL INSTRUMENTS, TRUSSES, etc., 58 CHATHAM STREET, New York.

Abdominal Supporters, Shoulder Braces, Stockings for Varicose Veins, Electric Machines, Ear Trumpets, Fracture Splints, Crutches, Syringes, Enemas, Fine Cutlery, etc.

O. & R. are prepared to furnish the apparatus introduced by Dr. Davis, for the TREATMENT OF HIP DISEASE, as directed for his own patients. This mode of treatment originated with Dr. Davis, and, as we have made his apparatus for several years, we have every facility for making the same.

D. W. KOLBE,

Surgical Instrument Maker, 32 South NINTH STREET, two doors above Chestnut, PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium, and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

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